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STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	y-a 00891
County Wicouries	Registration Dist. No. 331
Village or City Helron	Np. St., Ward
(If Length of residence in city or town where death occurredyrs. **mos.	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?
2 FILL NAME Stanford (Dixire) A	mes
(a) Residence: Np. Helrou - Mr.J.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX A. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH    Curron (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That I ettended deceased from
6. DATE OF BIRTH (month, day, and year) april 13 kg. 1933	I last saw h. well alive on January 22 10, 19.34; deeth is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at
8. Trade, profession, or particular kind of work dona, as SPINNER,	Tolay I were in orice Jan. 164
kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	a u fluiduza
work was done, as SILK MILL, SAW MILL, BANK, etc	
year) occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Sales VIII (Stete or counky)	mal su he rou
13. NAME Stouchard Division	may au ou 2 ga
13. NAME Transport Dixion  14. BIRTHPLACE (city or town) Ducum hice - Md.	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Wile Cerels	23. If death was due to external causes (VIDLENCE) fill In elso the following:
15. MAIDEN NAME Under Cerces  16. BIRTHPLACE (city er town) Boomer Name  (State of country)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT 17. JV4lu (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Mardells Dete July 24, 1934	Manner of Injury
19. UNDERTAKER John Cook Turish	24. Was disease or injury in eny way related to occupation of deceased?
20. FILED Jaw 24 1934 mis J. m. Hallag. Registrat.	(Signed) William & rue rucle M.D.  (Address) Helra - md.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Combal kanagahara	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BIDEVII A. S.			
a per			
Other contributory causes of importance:		Other contributory causes of importance:	S.F.O.E.T
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIO	ONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN	,
Daw Mus Valey	morning of January 22 nd. Di.	ed
Dayl day.		

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3. 5a.

7.

OCCUPATION

MOTHER FATHER

18

19

20

V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH
. PLACE OF DEATH	
County Miconico	Registration Dist. No. 333
Village or City Truttaut	(No.) St., St., Ward death) governed in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos.	ds. How long in U. S. if of foreign birth?yrsmosds.
FULL NAME Still borns Dan	cho
(a) Residence: No. Furthered Md. (Usual place of abode)	St., 16 Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
If married, widowed, or divorced HUSBANO of (or) WIFE of	22.   I HEREBY CERTIFY That I attended deceased from
A = 102 1	Jay 73, 1, 1934, to Jaw 23, 1934
DATE OF BIRTH (month, day, and year) Jaw. 23, 173 4	I last law K. Naw Cont alles ( Jan 195 4 death is said
AGE Years Months Days If LESS than I day hrs.	to have occurred on the data stated above, at M. Sh. Neuscere
Roage or min.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of wesk-dope, as SPINNER, SAWYER, BOOKKEPER, etc.	
9. Industry or business in which werk was done, as SILK MILL,	11010-11
SAW MILL, BANK, etc	full tirre
this occupation (month and spantin this year)	
Janilla 22	Cher Cantributary Causes of importance:
BIRTHPLACE (city or town) (State or country)	P
13, NAME Asthux Banks	
THE D	Name of a sanda
14. BIRTHPLACE (city or town) (State or country)	Name of operation
15. MAIDEN NAME (ecelia Hicken	What test confirmed diagnosis? Was there an aulopsy? 23. If daath was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Leho Volte humes (Stata or country)	Accident, suicide, or homicide?0ata of injury19
INFORMANT Althur Banks 9	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Home premisore fan 28,1934	Nature of injury
UNDERTAKER Gylling Bachy Cacting	24. Was disease or injury in any way related to occupation of deceased?
(Address) Trutaged Mg	If so, specify (Signed)
FILED FAIR 20, 1934 PMay Jumes Registrar.	(Signed) M. O.  (Address) Salarana M. C.

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11.—The number of years the deceased followed the occupation.

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Example 1		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis FF 6 19 4	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU V. S.	July 5,1927	Peritonitis	3 days ago
		Other contributors causes of importance.	
Other contributory causes of importance:  Gallstones	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I	and the second	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE F	FOR FURTHER	STATEMENTS	$\mathbf{BY}$	PHYSICIAN
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BINDING

FOR

RESERVED

MARGIN

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Example 1			Example 11		
The principal cause of dea of importance were as follows:	th and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis		1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	Fr.0 (i 1904	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	BUREAU V.	July 5,1927	Peritonitis	3 days ago	
Other contributory causes	of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

X)	v item of infor-	S should state	of OCCUPA.	1
•	TH UNFADING INK-THIS IS A PERMANENT WECORD. Every item of infor-	ly supplied. AGE should be stated EXACTLY. PHYSICIANS should state	lain terms, so that it may be properly classified. Exact statement of OCCUPA.	
MARGIN RESERVED FOR BINDING	PERMANENT	DEXACTL	erly classified.	cate.
VED FOR	-THIS IS A	uld be state	lay be prope	ack of certifi
IN RESER	DING INK-	d. AGE sho	, so that it m	See instructions on back of certificate.
MARG	TH UNFA	ly supplied	lain terms	See instr

STATE OF MARYLAND—	CERTIFICATE OF DEATH 00895
1. PLACE OF DEATH	46)
County Miconico:	Registration Dist. No. 332
Village or City Mar Bittoulle, md'	No. St. Ward
Length of residence in city or town where death occurred 96-yrs. 0 mos	death occurred in a horpital or institution, give its NAME instead of street and number)
2. FULL NAME MOJES Peroleins Brada	ds. How long in U.S. If of foreign birth?yrsmosds.
(a) Residence: No. W. (Usual place of abode)	St, Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX  4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH  (Month) (Day) ((ear)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ellen Williams	22. I HEREBY CERTIFY. That I ettended deceased from
6. DATE OF BIRTH (month day and year) DOA 15 18.37	11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
6. DATE OF BIRTH (month, day, and year) Wee / \ / \ / \ / \ / \ / \ / \ / \ / \ /	to have occurred on the date stated above, at 2 m.
9/ 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular	were as follows:
kind of work done, as SPINNER, Relieved SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	Jaconoma of Stomach
9. Industry or business in which work was done, as SILK MILL.	
work was done, as SILK MILL, Move	
11. Total time (years) this occupation (month and year)	
1. /	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town) WARMOUSE.  (State or country)	
E NOW HOLD STOCK	
(State or country)	Name of operation Date of
~	What test confirmed diagnosis? What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME UNKNOWN.	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
() al ()	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT (Address) Best: m.	Specify whether injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.
(Address) Section 2013	Manage of Inform
Place Bushage term Date am 13th, 1934	Manner of injury
19. UNDERTAKER Um 1 Hooward Valla,	24. Was disease or injury In eny way related to occupation of deceased?
20. FILED an 12, 1934 fulliant pair	(Signed) Transe ferres M.D.  (Address) Willards md.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 2.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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Example I	draw des	Example II		
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Arteriosclerosis C. F. S. S.	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
BURFAU V. S.	1		-	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

PHYSICIANS should state B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPAmation should be carefully supplied. AGE should be stated EXACTLY CAUSE OF DEATH in plain terms, so that it may be properly classified. FOR BINDING TION is very important. See instructions on back of certificate. MARGIN RESERVED V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	129
County Use my co-	Registration Dist. No. 333
Village or City & Disable Line	No. 1 20 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Length of residence in city or town where death occurredyrs,mos.	
2. FULL NAME John S. Brit	& viglian.
(a) Residence: No. Barlin U.S.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
5a. If married, widowed, or divorced	(Month) (Oay) (Year)
HUSBAND of (or) WIFE of	22. ! HEREBY CERTIFY, That I attended deceased from
· Variate 14 1930	1-08- 1934, 10 1-29- 1989
6. DATE OF BIRTH (month, day, and year)	I last saw h alive on 29, 1939 ; death is said
7. AGE Years Months 7 Oays 13 If LESS than 1 day, hrs.	to have occurred on the dete stated above, at 10-115-16.
	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEPER, ekc.	pronoto- purmon
9. Industry or business in which	
work was done, as SILK MILL, SAW MILL, BANK, etc	
10. Oate deceased last worked at this occupation (month and year)	
12 PIDTURI ACT (ALL AND ALL AN	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	Munul Hummis
13. NAME John Both ing lowy	
14. BIRTHPLACE (city or town)	Name of operation
(State or country)	01
IS. MAIDEN NAME In it Veren	23. If death wes due to external causes (VIDL ENCE) fill in also the following:
15. MAIOEN NAME  16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
(State or country)	Where did injury occur?
17. INFORMANT the Brittinglan	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Easy seem Date Jan 31, 193 cf	Nature of injury
19. UNOERTAKER J. U. 13 ustage (Address) 12	24. Was disease or Injury In any way related to occupation of deceased?
20. FILED Lan 29, 1934 Dr. May Jurney	If so, specify (Signed)  M. D.
Registrar.	(Address) Authory mil
If more blanks are needled, address State Registrar, a	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

If more blanks and needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting O. S

(Day)

Date of onset

Was there en eutopsyl

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

M

item of infor-

OCCUPA

of

County Village or

Length of res

(a) Resider

2. FULL NA

5a. If marriad, widow HUSBAND of a (or) WIFE of

6. DATE OF BIRTH

Trade, profe

9. Industry or

SAWYER

Work was SAW MI
10. Date decess this occur

year) \_.

12. BIRTHPLACE (city or town)
(State or country)

15. MAIDEN NAME

18. BURIAL, CREMATION OR

19. UNDERTAKER

20. FILED LAN

(Addrass)

14. BIRTHPLACE (city or town)
(State or country)

16. BIRTHPLACE (city or town)
(State or country)

3. SEX

7. AGE

OCCUPATION

FATHER

MOTHER

STATE OF MARYLAND-	CERTIFICATE OF DEATH 008	598
F, DEATH		
liconijo	Registration Dist. No. 3	33
ity Salisbary	No. 406 Canden ane. st.	3 Ward
idence in city or town where death occurred vrs vrs mos	death occurred in a hospital or iostitutioo, give its NAME instead of street and street	
ME Henry Brisine Cause	eif	731
ice: No. Ocean City Baulevard	St., 5 Ward.  If nooresident give city or town and	State
IAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	Diate
4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (wante the word)	21. DATE OF DEATH  Jan, 3/ (Month) (Day)	, 193 (Yeer)
annie M. Causey	22. HEREBY CERTIFY, That I attended	
(month, day, and year) See, 17, 1871,	I last sew alive on 10 17 00 1934	death is said
Months Day's / If LESS than I day,hrs.	to have occurred on the date stated (bole, et / 1/05/m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
ssion, or particular work done, as SPINNER, Jilling Station quitor, BOOKKEPER, etc.	Muts Uruna	Date of onset
business in which s dona, as SILK MILL, LL, BANK, atc		
ad last worked et // 0/3 / 11. Total time (years) spent in this occupation.		

Other Contribatory Causes of Importance:

Classification Afficial

Neme of operation Date of

What test confirmed diagnosis? Was there en autopsy?

23. If death was due to external causes (VIOL ENCE) fill in also the following:

(Specify city or town, county and State)
Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE

-----

Manner of injury \_\_

Natura of injury ...

24. Was disease or injury in any way related to depupation of dece

(Address

Jamby m

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
OUREAU V. S.			
Other contributory causes of importance:	Committee	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
<u> </u>			

BINDING

FOR

MARGIN RESERVED

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND	CERTIFICATE OF DEATH (10,900)
1. PLACE OF DEATH	1 722
County Inchines Mingales	Registration Dist. No.
Village or City Colishy	No. At the y
Length of residence in city or town where death occurredyrsmo	is death occurred in a norpital of institution, give its invalve instead of street and number)  ds. How long in U. S. if of foreign birth?
2. FULL NAME Sydney Chur	ch
(a) Residence: No. Salisbury, Mid.	St. 3 Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX  **MERICAL A. COLOR OR RACE OR DIVORCED, WIDOWED, OR DIVORCED (write the word)  **WINDSELECTION OF THE WORD	21. DATE OF DEATH    29 ch , 193 4 (Month) (Day) (Year)
HUSBAND of Sturnesh Church	22. I HEREBY CERTIFY, That I attanded deceesed from
(or) WIFE of	22. I HEREBY CERTIFY, That I attanded decessed from
DATE OF BIRTH (month, day, and year) 874 links wown	I last saw h alive on
A. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
About 6 h 400	
8 Trade profession or particular	were as follows: Lie of and clinky - Pursum why Date of onset
kind of work done, as SPINNER, C. W. A. SAWYER, BOOKKEEPER, etc.	Company Perform
9. Industry or business in which	
work was done, as SILK MILL, , SAW MILL, BANK, etc	- In manut-no cutolis
10. Data deceased last worked at this occupation month and year).	a
	Other Contributory Causes of importanca:
12. BIRTHPLACE (city or town) (State or country)	
	Name of operation Date of
(State or country)	What test confirmed diagnosis?
15. MAIDEN NAME Williams	23, If death was due to external causes (VIOLENCE) fill in elso tha following:
15. MAIDEN NAME Williams  16. BIRTHPLACE (city or town)  (State or country)	Accidant, suicide, or homicide? Date of Injury19
(Stata or country)	Whose did injury ecous?
17. INFORMANT Accura Church-Enstow Mes	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, SPEMATION, OR REMOVAL New Date Jan 31, 1934	Manner of injury
19. UNDERTAKER Stiffer Johnson Co, (Addiess) Palasbury and	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Jan 31, 1934 V. May Turner Registrar.	(Signed) S. 7 Line While, Comme M. (Ardress) Introduced

If more blanks are needed, address State Registrar, 2421 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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- 10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

	CERTIFICATE OF DEATH 00901
1. PLACE OF DEATH	23
County Wicomica	Registration Dist. No. 33.3
Village or City & telesting ma	No. 306 False. St., 9 Ward death occurred in a horpital or institution, give its NAME instead of street end number)
	ds. How long in U.S. If of foreign birth?mosds.
(a) Residence: No. 306 John St. (Usual place of abode)	St, 9 Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX Wale  4. COLOR OR RACE Colored  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DESCRIPTION (Day) (Day) (Day)
5a. If married, widowed, or divorced	(month) (bay) (year)
HUSBAND of (or) WIFE of	22. O I HEREBY CERTIFY. Thet I ettended deceased from
0 1 2 3	(19 to part 19 54
6. DATE OF BIRTH (month, day, and year) Feb 11 1932	I last saw h alive on, 19; death is said
7. AGE Yeers Months Days If LESS than 1 deyhrs.	to have occurred on the date stated above, et 2/1m.
/ // ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:
8. Trede, profession, or particular kind of work done, as SPINNER.	710
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done as SIIK MIII	I'llay fisheales hely
D CAW MILL BANK oto	
Do Date deceased last worked at this occupation (month and year)  11. Total time (yeers) spent in this occupation	
12. BIRTHPLACE (city or town) Salvalung, Ind.	Other Contributory Couses of Importence:
(State or country)	
14. BIRTHPLACE (city or town) Saluslung md	
14. BIRTHPLACE (city or town) Saleshuy ma	Name of operation Dete of
(State of Country)	What test confirmed diagnosis?
15. MAIDEN NAME Dute Johnson	23. If death wes due to external causes (VIOL ENCE) fill in also the following:
0 16. BIRTHPLACE (city or town) Deal 2sland	Accident, suicide, or homicide? Date of injury, 19
(State or country) Summer Country mg	Where did Injury occur?
17. INFORMANT Marium Collins (Address) Saladury MA 2 ( State S)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place blauslyn em Date Jan 19 1939	Neture of injury
10 HUDEDTAKED CLASS OF PORT OF O	24. Was disease or injury In any way related to occupation of deceased?
19. UNDERTAKER CLASS CL. P. WASHELL  (Addjess) 500 F Church St Salabart M.	If so, specify
18 24 0 100	(Signed) A. M. M. D. M. D.
20. FILED for / 190 / . May much	(Address) talety less

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

V. S. No. 1 N. B.—

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Arteriosclerosis FECEIVED	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage FEB () 4.4	July 5, 1927	Peritonitis	3 days ago	
BUREAU VS.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

1. PLACE OF DEATH

STATE OF MARYLAND—CERTIFICATE OF DEATH

Date of onset

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11.—The number of years the deceased followed the occupation.

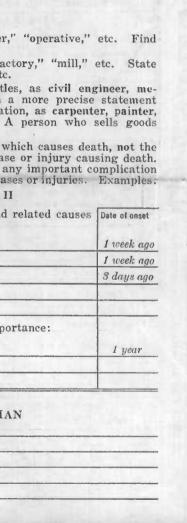
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Chronic interstitial nephritis - P 1; 14 A	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURFAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year



STATE OF	MARYLAND—CERTIFICATE OF DEATH	00902
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1. PLACE OF DEATH	SERVIN TOXIL OF BEATTY OFFICE
County Wicomes	Registration Dist. No. 332
Village or City Willardo ml	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?
2. FULL NAME Mary 6. Carther	
7/1.00	
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
Jemale white willow	(Month) (Oay) (Year)
5a. If married, widowed, or divorced HUSBANO of	22. HEREBY CERTIFY That I attended deceased from
(or) WIFE of Heram Cooper	highet 113/ 10 date / leath
6. DATE OF BIRTH (month, day, and year) Oct 12 -1856	I last you he alive on an 26 /1934, death is sald
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 9m.
77 3 14 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	A
	Carcina of Jack 1931.
work was done, as SILK MILL,	Agnormone sall apithefiornal a originating
10. Date deceased lest worked et this occupation (month and ) 472 spent in this	in deronis of foll, was gygonotic fear
year) occupation left in	Other Contributary Causes of importance:
12. BIRTHPLACE (city or town) Maryland	Other Committee Cames of Importance:
(State or country)	arbeitis deformano, 1910
13. NAME / Colley & dimary  14. BIRTHPLACE (city or own) marylane	4
14. BIRTHPLACE (city or lower) maryland	Name of operation Oate of Oate of
(State or country)	What test confirmed diagnosis? elmical Was there an autopsy? In
15. MAIOEN NAME LEttie M. Trutt	23. If death was due to external causes (VIOLENCE) fill in also the following:
[State or country]	Accident, suicide, or homicide? Oate of injury
(State of Country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE,
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Coper Cern. , Oate Jan 21, 1934	Neture of injury
10 HADERTANED M: Parker Ullation	24. Was disease or injury In any way related to occupation of deceased? ZN
19. UNDERTAKER  (Address)	If so, specify
20. FILED Jan. 27 193 & andie D. Pavne	(Signed Transporting M.D.
Fixal Deputte Registrar.	(Address) Hillards Mix.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example J		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Harristi V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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TICIT	一	Jo	
1	YSICIANS	statement	
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TATEL PATALOTAL	XACTL	classified.	
TI W CI	stated E	properly	certificate
2112	he	pe	Jo
-White thanker, with carraine fam-tills is a temantal accord. Let a tem of more	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.	TION is very important. See instructions on back of certificate.
TATO	uppli	term	e ins
1111	lly s	plain	Se
TATE TO AL	be carefu	EATH in	important
WITT T	pinou	F D	very
TIT	n sh	SE C	is
14	matio	CAU	LION
		1	

STATE OF MARTLAND	CERTIFICATE OF DEATH 10904
1. PLACE OF DEATH	
County Wilomilo	Registration Dist, No. 333
Village or City Salitary Ma-	No216 Race St. 13 Ward
	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME // cluam M. Cooper	·····
(a) Residence: Noc2/6 Rale st. Salusting (Usual place of abode)	Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 00 DIVORCED (write Word) 1. Married (word)	21. DATE OF DEATH an. 23=1, 193 4 (Year)
5a. If married, widowed, or divorced	(Day) (Year)
HUSBAND OF Vigner M. Cooper	1 HEREBY CERTIFY, That i attanded deceased from
6. DATE OF BIRTH (month, day, and year) March 7. 1896	i last saw balive on 1954; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, all m.
3/ 10 16 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trada, profession, or particular kind of work dona, as SPINNER, Lafter SAWYER, BOOKKEEPER, etc	The lablater Caccon tule
Kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL M. Atab Road SAW MILL, BANK, etc.  10. Date decases last worked at this occase hast worked at this occase hast worked at	0
10. Date decease Nast worked at 11. Total time (years)	Juan Carter /
10. Date decease last worked at this occupation (month and 1934 spotting the year)	19 Hokel
1 2 0	Other Contributory Causes of importance:
12. BIRTHPLACE (dity or town)	
(State or country)	
13. NAME Jeyk Copper  14. BIRTHPLACE (Atty or toght) Lawell	
14. BIRTHPLACE (Sity or toyh) Land	Nama of operation
(State of Country)	What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME Dra Hilchen	23. If death was dua to external causes (VIOLENCE) fill in also tha following:
16. BIRTHPLACE (city or town) January	Accident, suicide, or homicide? Date of injury 19
S (State or country)	Where did injury occur?
17. INFORMANT Mrs Juguria Gogge (Address) 216 Rach st. Salt Holl	(Specify city or town, county and State) Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	
Place Laverns am. Data lan. 25,34	Manner of injury
91.11	Nature of injury
19. UNDERTAKER Attlowed (Address) Salastan Milay land	24. Was disease or injury in any way related to occupation of deceased?
1 - Jan 25:34 V+ Man of 1	(Signed) 1 14 Meet 1 M.D.
20. FILED AUC , 19 ff & Hy Sumue Registrar.	(Address) falled had
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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	nple I		Example II	
The principal cause of death of importance were as follows  Arteriosclerosis	and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset
Chronic interstitial nephritis	FED 4, 1934	1921	Run over by street car	1 week ago
Cerebral hemorrhage	1 50 4) 1004	July 5, 1927	Peritonitis	3 days ago
	BUREAU V.	.		
Other contributory causes of	importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

FOR BINDING

MARGIN RESERVED

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	102
County Wicomies	Registration Dist. No. 330
Village or City Mardela Spa ung	St., Ward
Langth of residence in city or town where death occurredyrsmos	death occurred in a horpital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?yrsmosds.
6 0 m v '	e f
2. FULL NAME Gart Oller in C	ey cuesco
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH au 14 193
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	(Month) (Day) Frear)  22. I HEREBY CERTIFY That I attended deceased from
	Jan 13 1934, 10 fle 14 1934
6. DATE OF BIRTH (month, day, and year) Och 9, 1933.	Plast saw h_ Lee alive on
7. AGE Years Months Oays If LESS than 1 day,hrs.	to have occurred on the date stated above, atm.
O   S   ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trada, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEPER, etc.	P
Industry or business in which	oran Jalumorea fau 10
work was done, as SILK MILL, SAW MILL, BANK, etc	
Oata deceased last workad at this occupation (month and yaar)	
12. BIRTHPLACE (city or town) Mardela Sorcaço	Other Coutributary Causes of importance:
(State or country)	
13. NAME Lowe Custice	
14. BIRTHPLACE (city or town)	Name of operation
(State or country) accom ac Co Da.	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Lysie Rider	23. If death was due to extarnal causas (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) Morbela Springo	Accident, suicide, or homicide? Date of Injury, 19
(State or country)	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT Le Maphor (Address)	Specify whether injury occurred In INOUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Mardely Colores Centery Date 1-15-,1934	Nature of injury
19. UNDERTAKER Charge Custos (Julha)	24. Was disease or injury In any way related to occupation of deceased?
(Address) Marter Open Int.	If so, specify
20. FINAN 1 5 1934, 7/ Je obestan	(Signed) 6.6. Elleghte T. M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Ballimore, Requesting V. S. No. 1.

(Address) .....

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	7	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis FEB ii 1934	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage V.S.	July 5,1927	Peritonitis	3 days ago
	4		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

of OCCUPA-

STATE OF MARTLAND	CERTIFICATE OF DEATH 00300
1. PLACE OF DEATH	(121)
County Wix rue Co.	Registration Dist. No.
Village or City aliabrum, Ma. 1	Due Dail Hora Jan B. Ward
Length of residence in city or town where death occurredyrsmos	death occurred in a horpital or institution, give its NAM Bintend of street and number)  How long In U.S. if of foreign birth?
D 200 200 410	
2. POLL NAME	aron
(a) Residence: No. (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word)	21. DATE OF DEATH \ _ 226 - 1934
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of William R. Darly.	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) about 1988	i last saw h. She alive on
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 10 . 30 m.
36 Inhuman Iday,hrs.	The PRINCIPAL CAUSE OF OEATH and related causes of importance were as follows:
8. Trada, profession, or particular kind of work done as SPINNER.	Cupline appendix
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which	
9. Industry of Dasiness in which work was done, as SILK MILL, SAW MILL, BANK, etc	
O TO. Date deceased last worked at 11. Total time (years)	
this occupation (month and spant in this occupation occupation	
12. BIRTHPLACE (city or town) Mary land.	Other Contributory Causes of importance
(Stata or country)	general purming
I 13. NAME Irving Howard.	
13. NAME Driving Howard.  14. BIRTHPLACE (city or town).	Name of operation During Oate of 26/19 64
(State or country)	What test confirmed diagnosis? Christian Was thora an autopsy?
I 15. MAIDEN NAME Cutoral & with.	23. If death was due to axternal causes (VIOL ENCE) fill-in also tha following:
15. MAIDEN NAME Carbon Sea & S	Accident, suicide, or homicide? Oate of injury, 19
∑ (State or country)	Where did injury occur?
17. INFORMANT William & Darly.	(Specify city or town, county and State) Specify whether injury occurred in INOUSIRY, in HOME, or in PUBLIC PLACE.
(Address) attantic, va. +	
18. BURIAL, CREMATION, OR REMOVAL Cereste Jan 28 1934	Manner of injury
Placa The Date Jun 19. 19.	Nature of Injury
19. UNDERTAKER Hormand Shelds	24. Was disease or injury in any way related to occupation of dacaased?
(Address) hew Church, Ja.	If so, specify
20. FILED Jan 27, 19 34 V. May June Registrer.	(Signed) Autobay M. D.
The state of the s	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

STATE OF MADVI AND CEPTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.-The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," ctc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example L		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ogo
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gollstones	May 1,1923	Gastroenteritis	1 year
			•

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH should Registration Dist. No. (If death occurred in a horpital or institution, give its NAME instead of street and number) PHYSICIANS Length of residence in city or town where death occurred. ds. How long in U.S. If of foreign birth?\_\_\_\_\_yrs.\_\_\_\_mos.\_\_\_\_ds. Statement 2. FULL NAME ECORD. (a) Residence: No. If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 AMGLE, MARRIED, WIDOWED, 21. DATE OF DEATH DIVORCED (write the word) (Day) (Yéar) 5a. If married, widowed, or divorced HUSBAND of 22. That I ettended deceesed from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) certificate proper 7. AGE Yeers Months Days If LESS than I dey, ..... hrs. Ma PRINCIPAL CAUSE OF DEATH and related causes of Importence or .... min. were as follows: Date of onset Trade, profession, or perticular NO kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc ... OCCUPAT back may 9. Industry or business in which bluoda work was done, as SILK MILL. SAW MILL, BANK, atc ... 10. Data daceasad last worked/at that instructions Other Contributory Causes of importanca: 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME See 14. BIRTHPLACE (city or town) Nama of operation .... (State or country) carefully What tast confirmed diagnosis? Was thera an autopsy?\_\_\_\_ MOTHER important. 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: DEATH 16. BIRTHPLACE (city or town Accident, suicide, or homicide?\_\_\_\_\_\_ Date of injury\_\_\_\_\_\_ 19 (Stata or com Where did injury occur? ... (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. 17 INFORMAN OF (Address 18. BURIAL, CEMATION, OR REN -WRITE Mannar of injury CAUSE mation NOIL Netura of injury\_ 19. UNDERTAKER 24. Was disaase or injury in eny wey related to occupation of deceased? (Addrass) If so, specify (Address) If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balsimore, Requesting V. S. No. 1.

BINDING

RESERVED

MARGIN

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.
N. BWRITE PL	mation shoul	CAUSE OF	TION is very

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	<u> </u>
County Wiscoursed	Registration Dist. No. 333
Village or City Fruithand.	No. St. 6 Ward
/) // (If	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME Still form Den	us,
(a) Residence: No. Aruilland Mg (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Jan 28 193 4
5a. If married, widowed, or divorced	(Month) (Day) (Yaar)
HUSBAND of (or) WIFE of	22. gl HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) San 28, 1934	I last sew h aliva on 19; death is said
7. AGE Yeers Months Deys If LESS than	to heve occurred on the date stated above, et
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8 Trada profession or particular	Data of onest
Kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc.  9. Industry or business In which work was done, as SILK MILL. SAW MILL, BANK, atc  10. Date decaased lest worked et this occupation (month and	Dt. Of. J. p.
10. Date decaased lest worked et this occupation (month and year)	
12. BIRTHPLACE (city or town) Assistant	Other Contributory Causes of Importance:
(Stata or country) M.d.	Cause Enteriour
13. NAME George Dennis	,
13. NAME Steorge Devices  14. BIRTHPLACE (city or town) Management (Stata or country)	Neme of operation Dete of
	What test confirmed diagnosis? Was there an autopsy?  23. If death was due to axternal causes (VIOLENCE) fill In also the following:
15. MAIDEN NAME liesse shockley.  16. BIRTHPLACE (city or town) fruitant (Stete or country)	Accident, suicide, or homicide? Dete of injury 19
17. INFORMANT GLORGE Denning (Address) Fruit House Man.	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Smithand My Date Jani. 29, 1934	Mennar of injury
19. UNDERTAKER George Deuris Cacting (Address)	24. Was disease or injury in any wey related to occupation of dacaased?
20. FILED Jan 28, 1834 V. May Jurner	(Signed) L. Mary Turner Tocal Registrar M. D.
Registrar.	(Address) Says Surger

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

The principal cause of death and related causes. Date of onset of importance were as follows:			Example II  The principal cause of death and related causes Date of onset of importance were as follows:		
Chronic interstitial nephritis		1921	Run over by street car	1 week ago	
Cerebral hemorrhage	HELITERAL V. S	July 5,1927	Peritonitis	3 days ago	
	alana alama ang alama ang ang ang ang ang ang ang ang ang an				
Other contributory causes	of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURT	HER STATEMENTS	$\mathbf{B}\mathbf{Y}$	PHYSICIAN
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V. S. No. 1

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STATE OF MARYLAN	D—CERTIFICATE OF DEATH 00903
1. PLACE OF DEATH	24
County Liconnico	Registration Dist. No./X 326
Village or City Mean Delman De	ND. St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs	-mosds. How long in U.S. if of foreign birth?yrsmosds
2. FULL NAME GAMARIN MORRIM	
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE   5. SINGLE, MARRIED, WIDOW OR DIVORCED (write the w	
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	22. HEREBY CERTIFY That i attended deceased from
5. DATE OF BIRTH (month, day, and year) Law, 16 192	3   I last saw h. 222 elive on from 5 the 19.14 death is sale
7. AGE Years Months Days If LESS	
//\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
Trade, profession, or particular	Date of onset
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc.	( Anhair Dural sum)
9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc	
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc.  9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased lest worked at this securation (month and	
this occupation (month and year)	
South 10.0 F	Other Coutributory Causes of importance:
(State or country)	Interested Munigeties Into
1 0 1 10	
The same of the sa	
(Stete or country)	Name of operation
15. MAIDEN NAME Uma Eleconic	What test confirmed diagnosis? Was there an autopsy?
(1+) cut	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME Anna Eleconu  16. BIRTHPLACE (city or town)  (State or country)	Accident, suicide, or homlcide? Date of injury
P 10. A.	Where did injury occur? (Specify city or town, county and State)
(Address) LOPLINGS (OR FED GA)	Specify whether Injury eccurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
Place M & Com Delegroom 8 , 19	Nature of injury
19, UNDERTAKER & S. Marvel In.	24. Wes disease or injury in eny way related to occupation of deceased? Nov
(Address) Deliner Del.	If se, specify
20. FILE You 7th 1934 Harry E. Hudson	(Signed) It Ly nel M. D.
Regist	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balsimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The mouth and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1

r te	STATE OF MARYLAND—	CERTIFICATE OF DEATH
state UPA-	1. PLACE OF DEATH	(10910
	County Die veuco.	Registration Dist. No.
should of OCC	Village or City Sales rever led.	Know. I suit Hop st. 13 Ward
0		death occurred in a hospital or institution, give its NAME instead of treet and number)  ds. How long in U.S. If of foreign birth?
PHYSICIANS oct statement	2. FULL NAME LOS DE SUSTINAL	
SIC ate	(a) Residence: No. Sale's June	Sale Ward.
st	(Usual place of abode)	If nonresident give city or town and State
PH	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
X. X	3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Oay)  (Year)
A C T I assifted.	5a. If married, widowed, or divorced HUSBAND of Or Wife of Wang are Downlay.	22. I HEREBY CERTIFY, That I attended deceased from
X T	6. DATE OF BIRTH (month, day, end year)	I last saw h alive on 29 19.7
stated E properly certificate	7. AGE Yaars Months / Dave If LESS than	to have occurred on the date statad above, at 9 m.
stated proper ertific	3 q 1 day, 1 hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and raiated causes of Importanca wara as follows:  Date of onset
be so of ce	8. Trade, profassion, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.	Fradum of Polani
should it may n back	A D. Industry or business in which	(aufunt)
sh it on	SAW MILL, BANK, etc	
	yaar) occupation	Other Contributory Causes of Importance:
so	12. BIRTHPLACE (city or town)	
ally supplied. plain terms,	1 200	
ter ter	13. NAME So. 1522 Survey at 14. BIRTHPLACE (city or town)	Name of operation Reduction of frictions Date of 1/263
ly su lain t See	(Stata or country)	What test confirmed diagnosis? X Was there an autopsy?
carefully 'H in pla ortant.	15. MAIDEN NAME Qui Cal Ruis.	23. If death was due to external causes (VIOL ENCE) fill In also the following:
be careful EATH in p important.	15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)	Accident, suicida, or homicida?
be AT mpo	(State or country)	Where did injury occur? Security of town, county and State)
should be can OF DEATH s very import	17. INFORMANT Glangant Dunning (Addrass) Salas Luny,	(Specify city of town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
	18. BURIAL, CREMATION OR REMOVAL	Manner of injury Thrush falling cake of see
ion USE	Place Carsons Chale Con 29 , 1934	Nature of injury Consulting my menes
mation s CAUSE TION is	19. UNDERTAKED III S. Maryl (Address) Julian See	24. Was disease or Injury in any way related to occupation of decaasad?
	20. FILED Jan 27, 19 34 V. May June	(Signad) Coleany Finales M. D
	Registrar.	(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis FEB () 194	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	94:00
County Milonies	Registration Dist. No. 333
Village or City Saliabury	No Therances Hotel St., I ward
Length of residence In city or town where death occurred	death coduned in a hospital or institution, give its NAME instead of street and number)  How long in U.S. If of foreign birth?
2. FULL NAME / Haward terler	D. 117 11 & 18 18 18 18 18 18 18 18 18 18 18 18 18
(a) Residence: No. 1011 Statut St. (Usual place of abode)	St., Ward. Ward. March March March State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DLYORCED (agrice the word)	21. DATE OF DEATH (Month) (Day) (Year)
5e. If married, widowad or divorced HUSBAND of Edith Gerher  (or) WIFE of Edith Gerher	22. 1 HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Let. 8 1990	Hast saw h. C. cattree f. 19 ; deathris said
7. AGE Years Months Days If LESS than 1 deyhrs.	to have occurred on the deta stetad ebove, at \$2.455.m.  The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trada, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	angua fectoria for 30
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work west dona, as SILK MILL, SAW MILL, BANK, etc  10. Data deceased last worked at this occupation (month and	
10) Data deceased last worked at this occupation (month and 130/34 spent in this occupation (coupation)	Other Contributory Causes of Importence:
12. BIRTHPLACE (city or town) (State or country)	Other Conditionary Causes of Importance:
13. NAME //	
13. NAME // 14. BIRTHPLACE (city or town)	Name of operation Data of
(State of country)	What test confirmed diagnosis? Was there an eulopsy?
15. MAIDEN NAME  16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOL ENCE) fill In also tha following:
State or country)	Accident, suicide, or homicide?
17. INFORMANT CAUSEL P. Rakely (Address) 3/9 Earl Track Road Pauser Mit	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL MADATE 7/1/34, 19	Manner of Injury
19. UNDERTAKER Stiffien J. Lichney X for, (Address) To Tolde James J. Market Stiffien	24. Was disease or injury In any way related to occupation of deceased?
20. FILED Jan 3, 1937 J. May Junde	(Address) (Address) (Address)
	2411 N. Charles Street, Baltimore, Requesting 7) S. No. 7

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis - IVED	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
FEB 4 1934	1		
Other contributory causes of importance: S.		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND—	CERTIFICATE OF DEATH 00912
1. PLACE OF DEATH	(30)
County Wicomico	Registration Dist. No. 333
Village or City Sat lasting	No. Peninsula Genl Hospital 13 Ward
(If	death occurred in a hospital or institution, (give its NAME instead of street and number)  ds. How long In U.S. if of foreign birth?, mos. ds.
2. FULL NAME Dola Pretto Han	juard.
(a) Residence: No. Union St. Extended (Usual place of abode)	St., 9 Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
5a. If married, widowad, or divorced	(Month) (Day) (Year)
HUSBAND of Charlie Hayward	1 HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) (Oct. 5 1893	Mast saw h alive on & aul 10 19 3 4 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
40 3 5 or min.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
R Trade profession or particular	wera as tollows:  Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc.  10. Date deceased last worked at this pecunation (month and this pecunation) (month and spent in this second in the second in this second in the second in the second in this second in the second in the second in the sec	
9. Industry or business in which	
work was done, as SILK MILL, SAW MILL, BANK, atc	
10. Date deceased last worked at 3	
de la tarrel	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Color over (State or country) Musuland	acuto neffects
13. NAME Jessie Price  14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town)	Name of operation
(State of Country) Origina	What test confirmed diagnosis? Council Was there an autopsy?
15. MAIDEN NAME Fannie Stayward  16. BIRTHPLACE (city or town) Manticoke	23. If death was due to external causes (VIDLENCE) fill in also tha following:
5 16. BIRTHPLACE (city or town) Nantrebke	Accident, suicide, or homicide? Date of Injury
(State or country) Maryland	Where did injury occur?
17. INFORMANT Mrs Fannie 26. Pitts (Address) 310 Calherine St Salis, Md	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY in HOME, or in PUBLIC PLACE.
18. BURIAL, EREMATION, OR REMOVAL	Manner of injury
Place Adule Com 92 L Date for 15 , 1934	Nature of injury
19. UNDERTAKER Jan A Pollward	24. Was disease or injury in any way related to occupation of deceased?
(Address) Sales lucy Ma	If so, specify
20. FILED Jan 13, 19 34 & May Junes Registrar.	(Signad) M. D.  (Address) Sulipling 200
If more blanks are needed, address State Registrar.	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
FEB 6 1934 1			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
TARVEN LA LA CARACTERA	DI ZIULI	Y. OTC	T. C. B. T. T. T. T. T. T.	DITTELLATIVE TO	30 L	T TY T DY CYTY

MARGIN RESERVED FOR	HIS IS A	be stated	be proper
ESERV	INK-T	E should	at it may
GIN R	FADING	lied. AG	ms, so tha
MAR	ITH UN	illy suppl	plain teri
	INLY, W	be carefu	EATH in
	LA	pln	F D
	TE I	n sho	(E 0)
V. S. No. 1	N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A	mation should be carefully supplied. AGE should be stated	CAUSE OF DEATH in plain terms, so that it may be proper

1. PLACE OF DEATH		(59)	222
Village or City Sales	wy	No. 205 Delaual St., death occurred in a hospital or institution, give its NAME instead of street a	
Length of residence in city or town where de	//		
(a) Residence: No. 20 9 De	Lewy Javare (Usual place of abodé)	St., 9 Ward.  If nonresident give city or town	and State
PERSONAL AND STATISTIC	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	Н
Lemale 4. COLOR OR RACE	S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Jan 30 (Month) (Day)	, 193(Year)
ia. If married, widowed, or divorced HUSBAND of (or) WIFE of	-	22. I HEREBY CERTIFY, That I attend	
5. DATE OF BIRTH (month, day, and year)	u 27, 1934	I last you h_w_alive on fan 30 ,193	; death is sai
7. AGE Years Months	Days If LESS thán I day,hrs. ormin.	to have occurred on the date stated above, atm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
8 Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	V	0 0 1	
Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc		Trimatur Touth	
No. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation		
IZ. BIRTHPLACE (city or town) Salas (State or country)	bury	Other Contributory Causes of Importance:	
13. NAME Roberty L	Carris		
14. BIRTHPLACE (city or town) (State or country)	£ ,,	Name of operation Date of What test confirmed diagnosis? Was there	
15. MAIDEN NAME Carrie	May Henry.	23. If death was due to external causes (VIOL ENCE) fill in also the follo-	
16. BIRTHPLACE (city or town)	ester Co f	Accident, suicide, or homicide? Date of injury	, 19
7, INFORMANT (Address)	ian Henry	Where did injury occur?	State) PLACE.
18. BURIAL, CREMATION OR REMOVAL Place MANAGEMENT	Date Jan 31, 1934	Manner of injury	
19. UNDERTAKER John H. L.	levery (acting)	Nature of Injury 24. Was disease or injury In any way related to occupation of deceased?  If so, specify	
20, FILED Jan 30, 1934 A	May Junes Registrar.	(Signed) Jalisbury Ma.	M.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

Example I

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II

The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ann Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

V. S. No. 1 8 ż

1. PLACE OF DEATH	93-e)
County Miconneo	Registration Dist No. 33
Village or City Heav Hetron Ma	No. 12 - Salutay 149, St., 15 Ward
99	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long In U.S. if of foreign bloth?
2. FULL NAME Elijah Holland Hol	lour.
(a) Residence: No. Mean Hetron Mcd.	St. 1/5 Ward.
(d) Residence. No. (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male 4. COLOR OR RACE 5. SINGLE, MARRIED, WIOOWED, OR DIVORCED (write the world)	21. DATE OF DEATH (Month) (Oay) (Vear)
5a. If married, widowed, or divorced HUSBAND of	
(or Hotel Hora Lee Holloway)	1 HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Gyend . 14.18507	I last saw h July alive on January 17 14 , 19 34; death is said
7. AGE Years Months Days If LESS than 1 dayhrs.	to have occurred on the dete stated above, a
/ O   7   ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	Chronic morandohia
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc.  10. Oate decessed last worked at this occupation (month and	assers acterous
work was done, es SILK MILL, SAW MILL, BANK, etc	wres o resistant
- this occupation (month and	
year) decignion	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town)	gruna
(State or country)	Brouchi his Chanic.
13. NAME John James Hollows 14. BIRTHPLACE (city or town) least Salishing	7.
(Stete or country)	Name of operation Date of
# 15. MAIDEN NAME Mary Ellen Cordy	Whet test confirmed diagnosis?
10 DIPTION ACT (1) May Famal	23. If death was due to externel causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
[5] 16. BIRTHPLACE (city or town)   May fame   (Stete or country)   Delane	Where did injury occur?
17. INFORMANT Mrs Rosa Le Holloway.  (Address) Man Helm Md. R. F. D.	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE,
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Plece Metron Cem. Date Jan. 20, 1934	Nature of injury
19. UNDERTAKER Hollogy + Co!	24. Was disease or injury in any way related to occupation of deceased?
(Address) Salutry Maryland.	If so, specify
20, FILED Jaw 20, 1934 / mus & M. Wallace	(Signed) Wills gene Elle yell M. D.
Registrar	(Address) HOLOSU - to

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	10	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Dete of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
Lawrence of the second	1			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroentcritis	1 year	

	STATE (	OF MAR	RYLAND-	CERTIFICATE OF DEATH	0.0015			
1. PLACE O	F DEATH			B	00313			
County	Nicom	y	••••••	Registration Dist. No.	335			
Village or C	ity Mu do	harsito	wn	No	t.,Ward			
Langth of resi	idanca in city or town whare		- (1	f death occurred in a hospital or institution, give its NAME instead of street	et and number)			
2. FULL NA	a.	11 6	H	sds. How fong in U.S. if of foraign birth?yrs	mosds			
		u par n	Hopk	l.n.5				
(a) Kesiden	ce: No	(Usual plac	e of abode)	St., Ward.  If nonresident give city or tow	on and State			
PERSON	IAL AND STATIST	TICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEAT				
3. SEX	4. COLOR OR RACE		RRIED, WIDOWED, ED (write tha word)	21. DATE OF DEATH  (Month)  (Day)	, 193 #			
5a. If married, widow HUSBAND of (or) WIFE of	ed, or divorced			22. I HEREBY CERTIFY, That I attanded deceased fro				
6. DATE OF BIRTH (	month, day, and year)	Jan. 1	1.1934	I last saw h alive on				
7. AGE Yaa		Days	If LESS than	to hava occurred on the data statad above, at				
8. Trada, profas	ssion, or particular		ormin.	The PRINCIPAL CAUSE OF DEATH and ralated causas of importance wara as follows:	Date of onset			
kind of w SAWYER,	ork dona, as SPINNER, BOOKKEEPER, etc.			Congress of				
9. Industry or work was	business In which dona, as SILK MILL, L, BANK, atc							
O 10. Data dacease	ed last worked at	11 Total	tima (vaare)					
this occupyear)	pation (month and	spe oca	tima (yaars) ent in this eupation					
12. BIRTHPLACE (cit	m d	Lantin		Other Contributory Causes of importance:				
(State or coun		mymi	ma					
13. NAME	Charl	is Ha	rmon					
13. NAME 14. BIRTHPLACE	(city or town)			Name of operation Data				
(Stata or		7	nd.	What test confirmed diagnosis? Was than				
15. MAIDEN NA	ME Reb	a Hor	rkins	23. If daath was dua to external causas (VIOL ENCE) fill in also the followed				
15. MAIDEN NAME 16. BIRTHPLACE	(city or town)			Accident, suicide, or homicida? Data of injury				
≤ (Stata or	country)		ma	Where did Injury occur?				
17. INFORMANT (Addrass)	Charles	Mary	non	(Specify city or lown, county an Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLI	d State) IC PLACE,			
18. BURIAL, CREMATI	ON, OR REMOVAL	h Date Jan	- 11 1934	Mannar of injury				
1 1000		Date	4	Nature of injury				
19. UNDERTAKER _ // (Addrass)	V. D. Graves	intere	aro ma	24. Was disease or injury In any way related to occupation of decaased  If so, spacify	d?			
20. FILED. Jan	11 ,19 3 4 7	Mary 2.	Mann Registrar, 74	(Signed) Mary Con Mar	ns. M. D			
	If more	blanks are needed,	10	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.				

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	A	Example II		
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago	
Chronic interstitial nephrites	1921	Run over by street car	1 week ago	
Cerebral hemorrhage 91 83	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of Importance		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. B.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 00916
1. PLACE OF DEATH	77
County Thicomics.	Registration Dist. No. 333
Village or City-Salishury	11 /12 Mix 1.00
Village of City-Conduction City	No. 10 Mard St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where deeth occurred	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Call Blance Nun	res .
(a) Residence: No. 40 V mixbell	St., 13 Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DLYORCED ("write the word) OR DLYORCED ("write the word)	21. DATE OF DEATH Jan. 13
5a. If merried, widowed, or divorced HUSBAND of	(Month) (Day) (Year)
(or) WIFE of Millard . Thunes	22. O HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Sent. 7, 1884	I last saw h. alive on 2a 12 1933 death is said
7. AGE Years / Months / Days   If LESS than	to heve occurred on the date stated above, at 1130 Am.
I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importence
Trade profession of particular	were es follows:
SAWYER, BOOKKEEPER, etc None	Encashalely lotherial 0120:
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and	" Alasta as a second
work was done, es SILK MILL, SAW MILL, BANK, etc.	O company
- I shell ill this	200
yeer) occupation	Other Contributory Causes of Importence:
12. BIRTHPLACE (city or town)	
(State or country) Tenguiperala	97 1.3
13. NAME Charles S. Jaquay	
14. BIRTHPLACE (city or town)	Name of operation Dete of
(State of country) Jehanglonia	Whet test confirmed diagnosis? Wes there an autopsy?
15. MAIDEN NAME AM BRADEN  16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIDL ENCE) fill in also the following:
6 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury19
Stete or country)	Where did injury occur?
17. INFORMANT II Survey Aunes, Andrews Salishuus Mit	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HDME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL	Manner of Injury
Place Salishuy, M.S. Daje 1/15/34, 19	Nature of injury
19. UNDERTAKER The Till & Marson Co.	24. Was disease or injury in any way related to occupation of decaased?
(Addiess) Salishudy Md.	If so, specify
20. FILED Jan 13, 1934 G. May Justile Registrat.	(Signed) M. D.  (Address) Daludy July
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

17--- T

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- 10.-The month and year the deceased last worked at the occupation.

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Example 1		13Admple 11			
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago		
Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago		
THE CERT					
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones BUREAU V. S.	May 1,1923	Gastroenteritis	1 year		
Applied and Property of the Control					

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	ACE OF DEA				[23]		3.23
	ounty U	yean	uco-			Registration Dist. No.	15-40-10-00-
V	illage or City	alio	tury		No	MINITERIAL LOGICACIO	St.,
1/4	ength of residence In c	ity or town where	deeth occurred	Vrs(1		institution, give its NAME instead of S. if of foreign birth?	street and number)
1/			0	11	10	SALISBI	JPOY D
/2. FU	JLL NAME	devai	d lea	nce 10e	emphreys	0	Agn
(3	a) Residence: No				St., Ward.	unful	e. Me
	ERSONAL AN	ID CTATICT	(Usual place		Manual Manual		or town and State
3. SEX	ERSONAL AN	OR OR RACE	1			L CERTIFICATE OF D	EATH
	ale 6	11 4		RIED, WIDOWED, D (write the word)	21. DATE OF DEAT	H	5
		hete	lora	ower		(Month) (Day	) (Yeer
HUS	rried, widowed, or dive	peced	-1- 1	9/	23/10/10 1 11 5 7 5	DV oppositely	
(01)	WIELD CR	ra 1	elul	in a Hun	1 HERE	7.	
C DATE	OF BIRTH (		174	18581	Host south sen	7 ,192 × , 10 Jaan	3 ./
7. AGE	OF BIRTH (month, da Years	y, end year) //	Deys .	If LESS than	I last sew h alive o	1401	, 19.2. 72; death is
Ada		8	Deys	1 day,hrs.	to have occurred on the date	e stated ebove, at	
1-0-	75	1	1	ormin.	were as follows:	DEATH and related causes of hitpor	Oate of o
NO 20	rade, profession, or p kind of work done, SAWYER, BOOKKEE	articular as SPINNER,	Lin An	. et	1		,
E S					ulms	ay tubucul	nes
UP.	work was done, as SAW MILL, BANK,	SILK MILL,					
OCCUPATION	ate deceased lest wo	rked at / 7m	n R 11. Total t	ime (years)			
W	this occupation (mo year)	nth and ag	spe	nt in this 60 44			
					Other Contributory Causes O	importance:	
	IPLACE (city or town) state or country)	ma	w Can	1		****************	
13. N	AMF Z	Pa 1	3 16	11			
E		Am	ne see	pareys		//	
H 14. B	IRTHPLACE (city or to (State or country)	own).	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	9	Name of operetion	une	Dete of
œ		1 . 2	ang Can	e i	Whet test confirmed diagnos	is? Was	s there an autopsy?
1	AIOEN NAME	vally	a. Ag	ybreld	23. If deeth wes due to extern	al causes (VIOLENCE) fill in elso th	e following:
16. B	IRTHPLACE (city or to	wn).	mas	. 4.	Accident, suicide, or homicid	e? Date of inju	ıry, 19
	(State or country)	m	acyla	ud	Where did injury occur?	(Specific sites as to	16
17. INFOR	MANT ALLY	e Kolu	1 Huga	petrege	Specify whether Injury occur	(Specify city or town, countred in INOUSTRY, in HOME, or In F	PUBLIC PLACE.
	ddress) / 35 // 8	em. a	· palicip	my 1791	7		
	L, CREMATION, OR	EMOVAL	24.1	11 24	Manner of injury		
(OSH	a la	7	- Oate	192	Neture of injury		
19. UNOE	RTAKER / FOLL	oway +	6.0	a	24. Wes disease or injury in	any way related to occupation of dec	ceased? Ko
(A	ddress) Sales	hung !	mary	and	If so, specify	9	
20. FILED	Jan 31.	3/4 (	V. Mar	Junes	(Signed)	ales D'Alee	ruken,
To HELL	,,	J	1	Registrar.	(Address) - 7	10.11. Som Carlo	- 11 - ba -

CTATE OF MADVI AND

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Example II Example I The principal cause of death and related causes Date of onset The principal cause-of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago 1 week ago Chronic interstitial nephritis 1921 Run over by street car Julu 5.1927 Peritonitis Cerebral hemorrhage 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

. D.D.IIII.O.L.I.V	an . an	~~~	*****	CONTRACTOR AND A COLOR	****	DEFECTOR A ST
ADDITIONAL	SPACE	FUR	FURTHER	STATEMENTS	BY	PHYSICIAN

should state ECORD. Every item of infor-Exact statement of OCCUPA-PHYSICIANS stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. -WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. AGE should be mation should be carefully supplied.

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(108)
County Zirconsie	Registration Dist. No. 337
Village or City Hanfisake	No. St., Ward
Length of residence in city or town where deeth occurred differs Linusmos	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?
2. FULL NAME Amanda & Bres	
(a) Residence: No. Jantiso (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Véar)
5a. If married, widowed, or divorcad HUSBAND of	(444)
(or) WIFE of Sheller Lords	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) July 16, 1874	I last saw h 2 aliva on 2 5 19 3 4 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 5-15 hm.
5-9 50 1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
Trade profession or particular	ware as follows: Date of onset
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at this negroating (month and	
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
SAW MILL, BANK, etc	
this occupation (month and spant in this occupation 40 40	
24.6 111	Dther Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	
E 13. NAME a Cont Know	
13. NAME LONG MOON THE 14. BIRTHPLACE (city or town)	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an au opsy?
15. MAIDEN NAME Martho Morrida	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME Martha Morrely  16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury 19
(Stata or country), Md	Where did injury occur?
17. INFORMANT - Galph Jones (Address)	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Mariliante Date Jone 8 , 1934	Nature of injury
19. UNDERTAKER Afra wallesgung forms	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Jan? , 1934 P. Woolford Walter	If so, specify (Signed) Dille Dille M. D.
Registrar.	(Address) Mandewske Mad

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE O	F MAR	YLAND-	CERTIFICATE OF DEATH 00919
1. PLACE OF DEATH			
County / frameo			Registration Dist. No. 335
Village or City Marplo	uri	(1)	No. St., War f death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence In city of town where de	ath occurred	11	sds. How long In U.S. if of foreign birth?yrsmosd
2. FULL NAME Clipshe	the a	Jones	
(a) Residence: No.	(		St., Ward.
	(Usual place		If nonresident give city or town and State
PERSONAL AND STATISTIC			MEDICAL CERTIFICATE OF DEATH
7	OR DIVORCEI	RIFD, WIDOWED,  O (write the word)	21. DATE OF DEATH
5a. If married, widowed, or divorced	Itado	wed	(Month) (Day) (Year)
HUSBAND of (or) WIFE of			22. I HEREBY CERTIFY, That lattended deceased fro
Henry Jo	rues		ang 33, 10 Jan 9 , 189
6. DATE OF BIRTH (month, day, and year)	dee 5	1847	I last saw beautiful alive on alive on 198 ; death is sa
7. AGE Years Months	Days /	If LESS than 1 day,hrs.	to have occurred on the date stated above, atm.
86	24	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8 Trade, profession, or particular kind of work done, as SPINNER.	mar-w	-n t	Agerona / Willary 193
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	ouer W	0141	Mandy
work was done, as SILK MILL, SAW MILL, BANK, etc.			J
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	11. Total ti spen	me (years)	
year)	ocen Span	pation	
12. BIRTHPLACE (city or town)			Other Contributory Causes of Importance:
(State or country) / Na	zyland		
13. NAME John the	chrierl	4	
13. NAME  14. BIRTHPLACE (city or town)		4	Name of operation Data of
(State of country)	no.		What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME ULKUO  16. BIRTHPLACE (city or town).	wr		23. If death was due to external causes (VIOL ENCE) fill In also tha following:
0 16. BIRTHPLACE (city or town)			Accident, suicide, or homicide?, 19, 19,
(State or country)	6	. 6	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Chring G.	Longt	ish	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
(Address) Sharr  18. BURIAL CREMATION, OR REMOVAL	doni	rug	
Place Red Mens	Date Jan	12 19	Manner of injury
2/ 892		12	Nature of injury
19. UNDERTAKER AND	enor 4	1 oro	24. Was disease or injury in any way related to occupation of deceased?
16	2 1 9	5-	(Signed) (Signed)
20. FILED January 19.3.4	ary E.	Massar.	(Address) A femploson and
If more b.	lanks are needed, a		2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deccased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.—The number of years the deceased followed the occupation.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
The state of the s			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
A STATE OF THE STA			

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

BINDIN

FOR

RESERVED

MARGIN

OCCUPATION

FATHER

MOTHER

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
5			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroentcritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

V. S. No.

-D	Registration Dist. No. 333
comy Monglan	
m where death occurred yrs mos	death occurred in a hospital or institution, give its NAME instead of greet and number ds. How long in U.S. if of foreign birth?
Infand Lillel	<b>↔</b>
Villards Mg. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
ATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (perite the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
	22. I HEREBY CERTIFY, That I attended deceased from ,19 ,10 ,19 ,19 ,19
onths Days If LESS than 1 day,	I last saw h alive on, T9; death is said to have occurred on the date stated above, atm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance
O ormin.	were as follows: Ttell worn Date of onset
11. Total tima (years) spant in this occupation  Salishury	Other Contributory Causes of importance:
e fillelou	Name of operation
nide	What test confirmed diagnosis? Was there an au'opsy?
Delaware i Titlleton Med	23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
Date Jan 13, 1934	Manner of injury
ver Ville. md.	24. Was disease or injury in any way related to occupation of deceased?  If so, specify  (Signed)  (Address)  M. D.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BURBAU V. 9.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	ADDITIONAL SPACE FOR	FURTHER STATEM	IENTS BY PHYSIC	IAN
See	birth certificate			

A. te	STATE OF MARYLAND—	CERTIFICATE OF DEATH 66922
SUP	1. PLACE OF DEATH Wicongics	122
should f OCC	County Rolling Train	Registration Dist. No. 999
sh	Village or City (If	death occurred in a hospital or institution, give it NAME instead of street and number)
INS ent	Length of residence in city or town where death occurredyrs,mos	ds. How long in U.S. if of foreign birtb?mosds.
KD. Every YSICIANS statement	2. FULL NAME THE MAISING	
	(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
X X	Jenuale Color or RACE 5, SANGEE, MARRIED, WILLIAM OR DIVORGED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Yest)
KMANEN X A C T I classified	HUSBAND of Gory WIFE of Raymond Marshull	22.   HEREBY CERTIFY. That I ettended deceased from
	6. DATE OF BIRTH (month day, and year) July - 2-/9/5-	I last saw he aliva on 1/25 ,1954; death is said
	7. AGE Years Months Days If LESS than 1 day, hrs.	to have occurred on the date stated abova, atm.
Stated proper	8 yrs 6 2-3 ormin.	The PRINCIPAL CAUSE OF DEATII and related causes of importance were es follows:  Oate of onset
be of o	8. Trade, profession, or particular kind of work done, as SPINNER, However Boundary	Tolampres 1/24/1
ould may back	9. Industry or business in which work was done, as SILK MILL,	7 173
S it sh	kind of work done as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Data deceased last worked at this occupation (month and sport in this	
	this occupation (month and spant in this occupation	Other Contributory Causes of Importance:
NFADING plied. AGI erms, so tha instructions	12. BIRTHPLACE (city or town) hear Sum (State or country)	
lFA lied ms, stru	13. NAME John Parker	
	14. BIRTHPLACE (city of town) (State or country)	Neme of operation Alexander Line Date of 1/74/5
S ai	(Country)	What tast confirmed diagnosis? Was there an autopsy?
efull in pl	15. MAIDEN NAME Clina Hassiel  16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following:
be carefu EATH in i	16. BIRTHPLACE (city or town)  (State or country)	Accident, suicide, or homicide?
be EA imp	Jol Packers	Where did injury occur?
should OF D	17, INFORMANT (Address)	
S	18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
-WRITI	Place Cattle Data-/ Page 19.54	Neture of injury
matio CAUS	19. UNDERTAKER They U. C.	24. Was disease or injury in any way related to occupation of deceesed?
E CE	20 FILED Jan 25, 1934 F. May Trumer	(Signed) / / /4: Mugh, M. D.
	Registrar.	(Address) filling fleet
	as more viantes are neegen, anness State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I			Example II	
The principal cause of death and related causes of importance were as follows:		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	FFR II IQVA	1915	Attack of epilepsy	1 week ago
Chronic interstitial nej	phritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	REAL STATE	July 5,1927	Peritonitis	3 days ago
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND-	-CERTIFICATE OF DEATH 00923
1. PLACE OF DEATH	122:0
County Wuxomico	Registration Dist. No.
Village or City Peninsula General Hosp	ital No alcolorus Md St., 23 Wa (If death occurred in a horpital of institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredytsm	How long in U.S. if of foreign birth?yrsmos
2. FULL NAME William m= Claim	Mm
(a) Residence: No. Shoull Mary land	St., Ward.
(Usual place of all pole) PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
male white OR DIVORCED (write the word)	(Month) (Day) (Year)
5a. If married, widowed, or divorced, HUSBANO of	
(or) WIFE of RADWN	22. I HEREBY CERTIFY, That I attended deceased f
6. DATE OF BIRTH (month, day, and year) (ARALN 1851.	Clast saw h elive on 25 , 1934; death is
7. AGE Yeers Months Deys If LESS than	to have occurred on the dete stated above, at 6 m.
83 / m/m / 1 day,hr	S. The PRINCIPAL CAUSE OF DEATH and related causes of Importence were as follows:
8 [rade, profession, or particular kind of work done, as SPINNER.	Strangulati herma
SAWYER, BOOKKEEPER, etc. 9. Industry or business in which	( Femmel)
kind of work done, as SPINNER. SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at 11. Total time (years)	
10. Date deceased last worked at this occupation (month and spent in this	
year) occupation occupation	Other Cantributary Causes of importance:
12. BIRTHPLACE (city or town)	Other Cantributary Causes of importance:
(State or country)	
13. NAME JAN MO Claim  14. BIRTHPLACE City or town)	
14. BIRTHPLACE (city or town).	Name of operation)
	What test confirmed diagnosis? Was there an autopsy?
	23. If death was due to external causes (VIOL ENCE) fill in also the following:  Accident, suicide, or homicide?
16. BIRTHPLACE (city or town) (State er country)	Where did injury occur?
17, INFORMANT MASS, O. N. Hall)	(Specify city or town, county and State) Specify whether Injury occurred In INOUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Shamell, M.S. IND. V.	
18. BURIAL, CREMATION, OR BEMOVAL PULLED 1/1/9/3/19	Manner of injury
Par of Minor Call	Nature of injury
19. UNDERTAKER ALLANDER ALLANDER (Address)	24. Was disease or Injury in any way related to occupation of deceased? Lo
Asedar Sichure Shilas	If so, specify July III
20. FILED Jan 26, 1937 Mr. Mary June	(Address) Sulisbray Vacel
	at, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis BECEIVEE	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July5,1927	Peritonitis	3 days ago
7/21/255-16/ 10/ 10			
Other contributory causes of importance:	9	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SP	ACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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	STATE OF MARYLAND—	CERTIFICATE OF DEATH 009
1.	PLACE OF DEATH .	23
/-	county coremueo	Registration Dist. No. 33
	Village or City Salesbury	No. A DAY A DIT TIDE COLL COL. ST. DILLA death accurred in a horpital or institution, give he NAME intread of street and number.
	Length of residence in city or town where death occurredyrsmos.	ds. How long in U.S. if of foreign birth?
2.	. FULL NAME Raymond Tranklon M	Miller SALISBURY, MD. Caro
	(a) Residence: No.	St., Ward. Feleralsburg Mo
-	(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. S		21. DATE OF DEATH
	Male White OR DIVORCED (write the word)	(Month) (Day) (You
5a.	If married, widowed, or divorced HUSBAND of	22. / HEREBY CERTIFY. That I attended decrease
	(or) WIFE of	1 HEREBY CERTIFY, That I attended decesses Leftenha 20, 19 33, to benearly 26, 19
e 17	DATE OF BIRTH (month, dev. and veer) October 5,1917	I last saw h. M. alive on January 25, 193 ×; death
7. A		to heve occurred on the date stated above, at / Ge_m.
	16 3 21 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted ceusos of Importance
	8. Trede, profession, or particular	were as follows:
TION	kind of work done, as SPINNER, Farmer SAWYER, BOOKKEEPER, etc	Pulmmary tubuculises
PAT	19. Industry or business in which	Tulmonary tutuealists 1;
D D	work was done, es SILK MILL, SAW MILL, BANK, etc	
Ö	10. Date decessed lest worked at this occupation (month and spent in this	
-	yeer) occupation occupation	Other Contributory Causes of Importance;
12.	BIRTHPLACE (city or town)	Other Conditions of Causes of Importance.
-	(State or country) Maryland	
HER	13. NAME Frank Miller	
FATH	14. BIRTHPLACE (city or town)	Neme of operation A me Date of
b.	(State or country) Rennsylvance	What test confirmed diagnosis?
HER	15. MAIDEN NAME Roxie Bowdel	23. If death was due to external causes (VIOLENCE) fill In also the following:
OTH	16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
Σ	(Stete or country) Maryland	Where did injury occur?
17 1	INFORMANT Frank miller.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
./.	(Address) Faderalsbury mil,	
18.	BURIAL, CREMATION, OR REMOVAL	Manner of Injury
	Place Flateralsbury mode fun 20 , 1934	Nature of Injury
19.	UNDERTAKER / Tresumption Son.	24. Was disease or Injury in any way related to occupation of deceased? Ho
	(Address) Fielerfeld lover mil	If so, specify

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home kousework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	i	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis ECEIVEDII	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage FEB 1, 1934	July 5,1927	Peritonitis	3 days ago	
BUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
ADDITIONAL	DI MULI	LOI	T. OTCLANTAR	D T LY T T T T T T T T T T T T T T T T T	A.J. A.	T THE POST OFFICE

V. S. No. 1

-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	1
IS A PERMANEN	stated EXACTL	properly classified.	certificate.
K-THIS	hould be	t may be	back of
UNFADING IN	upplied. AGE s	terms, so that it	e instructions on
, WITH	refully s	I in plain	tant. Se
-WRITE PLAINLY	mation should be ca	CAUSE OF DEATH	TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH	1925
1. PLACE OF DEATH	92-00	
County Wicomico	Registration Dist. No. 33	2
	FONO. St.,	Ward
Length of residence in city of town where death occurred 1 yrs mos	death occurred in a hospital or institution, give its NAME instead of street and	number)
2. FULL NAME JASEAH. V. Mit	hell	
(a) Residence: No Thilliand med	St., Ward.	
(Usual place of abode)	If nonresident give city or town and	l State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH	102 4
59 If married widowed or divorced 11 7 . A	(Month) (Day)	(Year)
HUSBAND of Mis Jaseph & Milchell	22. 1 HEREBY CERTIFY. That I attended	deceased from
10 1 1 2	1000 10 1933, to Jan 31	1978
6. DATE OF BIRTH (month, day, and year) December 6, 184	// 20 %	; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated stove, atm.  The PRINCIPAL CAUSE OF DEATH end related causes of importance	
A Trade profession or particular	were as follows:	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	( Mater Caganilation	1924
9. Industry or business in which work was done, as SILK MILL, on farm		
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and		
10. Date deceased last worked at this occupation (month and 5-444 occupation)		
12. BIRTHPLACE (city or town)	Other Contributory Causes of Importance :	1407
(State or country) Maryland	Seal Ex	
13. NAME Samuel mitchell		
13. NAME Samuel Milefield  14. BIRTHPLACE (city or town) manual and	Name of operation Date of	
(State or country)	What test confirmed diagnosis? Wes there an	autopsy?
15. MAIDEN NAME Stort Know  16. BIRTHPLACE (city or town) Mary Land	23. If death was due to external causes (VIOLENCE) fill in also the followin	g:
O 16. BIRTHPLACE (city or town) Mores Care	Accident, suicide, or homicide? Date of Injury	, 19
Jan Domi al Markey	Where did injury occur?	te)
17. INFORMANT Plan Regard Shocking (Address) Olean City Maryland	Specify whether injury occurred in INDÚSTRY, in HOME, or In PUBLIC PL	ACE.
18. BURIAL, CREMATION, OF REPOVAL	Manner of injury	
Place Belle Claney Date Let, 3., 1934	Nature of injury	
19. UNDERTAKER P. W. Walsof Hon.	24. Was disease or injury in any way related to occupation of deceased?	
(Address) Selbignelle Delsuere	If so, specifically	
20. FILED FEX. 3, 1934. Fillian P. Davis Local Registrar.	(Signed) (Address) Sales Research	M. D.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attock of epilepsy 1 week ago Chronic interstitial nephritis Run over by street car 1921 1 week ago Cerebral hemorrhage Peritonitis July 5, 1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 yeor

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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N. B.

should state item of infor-

1. PLACE OF DEATH	,		
County Aucon	uco	Registration Dist. No.	36
Village or City 2	may DU	No. St	Ward
Length of residence in city or Jown w	here death occurred are mee	f death occurred in a hospital or institution, give its NAME instead of street and number)	)
41	nere death occurred yrs mos	sds. How long In U.S. if of foreign birth?yrsmos	ds
2. FULL NAME Telen	s Elizabeth Olif	home	
(a) Residence: No.	(Usual place of abode)	St., Ward.  If nonresident give city or town and State	
PERSONAL AND STAT	ISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIFD, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	
5a. If married, widowed, or divorced	marke	(Month) (Day) (Ye	ear)
HUSBAND of (or) WIFE of		22. I HEREBY CERTIFY, That I attended decease	d fron
	100 1600		
6. DATE OF BIRTH (month, day, and year)	Nov. 12, 1932	I last saw h; death	Is said
7. AGE Years Month		to have occurred on the date stated above, atm.	
/ 2	/9   1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and releted causes of Importance were as follows:	
8, Trade, profession, or particular kind of work done, es SPINNER		C To Date o	ofenset
kind of work done, es SPINNER SAWYER, BOOKKEEPER, etc		Ouffocation accounts!	
kind of work done, es SPINNER SAWYER, BOOKKEEPER, etc  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceesed last worked et this occupation (month end			
10. Date decessed last worked et this occupetion (month end year)	11. Total time (years) spantin this occupation		
Para	and I am a	Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town) (State or country)	grana		
13. NAME Colortes (	Ol. Joleans		
	Or a livered		
(State or country)	majourus.	Name of operation Date of	
15. MAIDEN NAME Daisy	Sirman	What test confirmed diagnosis? Was there en au'opsy?	
16. BIRTHPLACE (city or town)	10 ela carre	23. If death was due to external causes (VIOLENCE) fill In also the following:  Accident, suicide: of homiside?	34
16. BIRTHPLACE (city or town) (State or country)	Carrow COC	Where did in occur?	1
17. INFORMANT Aus Ches (Address) How Sus	ter Oliphant	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	J.
18. BURIAL, CREMATION, OR REMOVAL Q	or of	The same can provide	-
Place Oliphant Burn	1904 190 4	Nature of Injury 2016 Lead Colle	
Hill Sugar	anell		D.
19. UNDERTAKER AND ON COMMENTAL (Address)	1041	24. Was disease or Injury In any way related to occupation of deceased?	
Erpalad	11 F 41	(Signed)	

If more blanks are needed, address State Registrar, 2411, N

Charles Street Belimore, Requesting U. S. No. 1.

STATE OF MARYLAND-CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mcchanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	a li	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
The state of the s			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY THIS STATEMENTS	AL SPACE FOR FURTHER STATEMENTS BY PHYSICIA
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1. PLACE OF DEATH	OF MARTLAN	Barn	AIL OF DEATH	00927
County Willonine	> ,		Pagistration Diet	1322
Village or City Select	wan mel	No. 214	Registration Dist. I	1 4
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		(If death occurred in a horr	pital or institution, give its NAME instea	St., 3 Ward
Length of residence in city or town who	ere death occurredyrs	ds. How long	g in U.S.if of foraign birth?	yrsds
2. FULL NAME Jedo	of Henry	9 tsm		
(a) Residence: No. 62 6 4 1	ace st. Salut	uza St. 13 Wa	rd	
	(Usual place of Goode)	dina	If nonresident give cit	y or town and State
PERSONAL AND STATIS	STICAL PARTICULARS	MED	ICAL CERTIFICATE OF	DEATH
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDO OR DIVORCED (write the		DEATH Jan.	111
- Mare // how.	Sungl		(Month)	Day) (Year)
5a. If merriad, widowad, or divorced HUSBAND of				(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
(or) WIFE of	V	22. 12 ME	REBY CERTIFY, Th	at Vattanded deceesad from
& DATE OF BIRTH (march day and and	march 3 /	927 110000 5	, 192 7 , to	3 . 192 7
6. DATE OF BIRTH (month, dey, and year) 7. AGE Yaars Months	Days If LESS	then to have convered as the	allive on 4 P	, 192_9; daath Is said
1 10	1 dey,		he date statad above, at	
- 8 Trade, profession, or particular	or1	nin. ware as follows:	DE OF BEATT BIJE ABOUT COUSES OF HIS	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	nin_	( Jun	for Fine	
9. Industry or business in which				
work was dona, es SILK MILL, SAW MILL, BANK, etc.				
10. Date daceased lest worked at this occupation (month and	11. Total time (years) spent in this			
year)	octupation	011/67/11/10		***********
12. BIRTHPLACE (city or town)	Toppel	Other Contributory Ca	uses of importance:	
(State or country) Sal-	my nearyla	I. Intu		
13. NAME Stychen  14. BIRTHPLACE (city or town)	1. Otton		***************************************	
14. BIRTHPLACE (city or town)	Borton	Name of operation		Date of
(Steta or country)	mase,	6	iagnosis?	
16. BIRTHPLACE (city or town)	in Walley	4	axternal causes (VIOLENCE) fill in elsc	
6 16. BIRTHPLACE (city or town)	utrille		omicide? Date of	
	Delana	Where did injury occu		mjury 13
17. INFORMANT Physican 9	· Oleon		(Specify city or town, c occurred in INDUSTRY, in HOME, or	county and State)
(Address) 20 4. Racel	at Salisty	ma	and the second of the second of the	mi obcio reace.
18. BURIAL, CREMATION, OR REMOVAL	10./11	Mannar of Injury		
Place Usons um.	Date	9 2 Nature of injury		
19. UNDERTAKER Holloway	+6000	24. Was disease or inju	ry in any way related to occupation of	deceased? The
(Addrass) Saluto	mayland.	If so, specify	7/1/1/2	uuud364!
20. FILED Jan 1619 134	Cr. May To	(Signad)	No on	ZueM.D.
20. FILED-	Regi	view	Marso.	m
If mo	ore blanks are needed, address State R			) - / -

STATE OF MADVIAND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

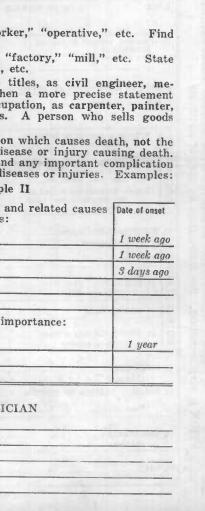
In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage FLB 6 1934	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN



should state

PHYSICIANS

stated EXACTLY.

properly classified.

þe

pluods

AGE

See instructions on back of certificate.

Exact statement of OCCUPA-

S	TATE OF	MAR	YLAND-	CERTIFICATE OF DEATH	928
1. PLACE OF DEAT	'H			92-0	50
County Wice	omeco			Registration Dist. No.	33
Village or City	alishw	4	(IF	No. Serv Yew Hashital St., A death accurred in a hospital or institution, give its NAME justead of street and nu	3 Ward
Length of residence In city	y or town where dea	th occurred	yrs,mos		
2. FULL NAME	Retly a	Cun	Powel	2	
(a) Residence: No	Onave	(Usual place	of abode)	St., Ward,  If nouresident give city or town and S	itate
PERSONAL ANI	STATISTIC	AL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR	or RACE 5		RIED, WIDOWED, D (wrife the word)	21. DATE OF DEATH  Z (Month) (Day)	193 (Year)
5a. If married, widowed, or divor HUSBAND of (or) WIFE of	ced			22.   HEREBY CERTIFY, That I attended do	
6. DATE OF BIRTH (month, day,	end year) Oct	24 19	28.	, 19-7-, 10	death is said
7. AGE Years	Months	Days	If LESS than	to have occurred on the date stated above, at 17m.	
3.	3	~3	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were es follows:	Data of season
8. Trade, profession, or pa kind of work done, a SAWYER, BOOKKEE 9. Industry or business in work was done, as S	s SPINNER,			Endvendits	Date of onset
Industry or business in work was done, as S. SAW MILL, BANK, e	which ILK MILL,				
SAW MILL, BANK, e  10. Date deceased last worl this occupation (mon year)	ked et th and	11. Total ti spar	ime (years) ntin this —— upation		
12. BIRTHPLACE (city or town)_ (State or country)	near O	200 2) c	ench va	Other Coutributory Causes of importance:  Multiple regargeful comments	
E 13. NAME Will	'ion	Powe	el	or ann	
14. BIRTHPLACE (city or too	vn) acc	o Co	<i>-</i>	Name of operation Date of What test confirmed diegnosis? Churied Was there an au	toneu?
15. MAIDEN NAME 6-	the 1	Baclo	Pi-	23. If death was due to external causes (VIOLENCE) fill in also the following:	opsyr
16. BIRTHPLACE (city or tow	vn) near	) Onar	wek	Accident, suicide, or homicide?Date of injury	, 19
17. INFORMANT 20 - (Address)	liand Ono	Pow	relf on	Where did injury occur?  (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLAC	ЭЕ.
18. BURIAL, CREMATION, OR RI	MOVAL Ona	vever vo		Manner of injury	
Plece Mh Hal	y ceno	Date Jan	28 , 1934	Nature of injury	
19. UNDERTAKER 4	Foodly	the so	0	24. Was disease or injury in any way related to occupation of deceased?	0
20. FILED Jan 27, 1	,34 &	May	Junes	(Signed) Milliani	M. D.
	/	1	Registrar.	(Address)	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	- Indiana	Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis   RECEIVED	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Chronic interstitud nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURGAU Y. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1 N. B.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	CERTIFICATE OF BEATH 00929
County Miconic es	Registrating Diet No. 333
STANGORPOLITALIA // 6/	Registration Dist. No.
Village or City Salesbury (1.1/2)	death occurred in a hospital or institution, give its NAME instead of street and number)
	30 How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Assur 7. Savage	
(a) Residence: No. Machemil Park Va	St Ward.
(Usual place of abode)	lakemia fark If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
Jamele Coloria Jugle	(Month) (Day) (Yeer)
5a. If married, widowed, or divorced HUSBAND of	
(or) WiFE of	22. I HEREBY CERTIFY, Thet I attended decoased from
5. DATE OF BIRTH (month, day, end year) Junter 1924	ligst saw h. elive on Joseph 1934; denth is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 32 P. m.
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of importance
Trade, profession, or particular	Pacture Cell Resson + Date of onset
kind of work done, es SPINNER, School Gul	Crushell check
9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc	
10. Date decessed last worked at this occupation (month and year)	
0	Other Contributory Canses of importance:
12. BIRTHPLACE (city or town) (Contract Contract (State or country)	( Julianos ung rumrays
1 13. NAME Was Survey	
LA DIOTUDI AGE CO. LAGO	
(State or country)	Name of operetion Date of What test confirmed diagnosis Character Was there an autopose Date of Was there are autoposed Date of Character Characte
15. MAIDEN NAME Homes Coales	
16. BIRTHPLACE (city or town). accuse Co	23. If deeth was due to external causes (VIDLENCE) fill in elso the following:  Accident, suicide, or homicide?
(Stete or country)	Where did injury occur? Harry Progel
17. INFORMANT Um Javage	(Specify cky of town, county and State) Specify whether injury occusted in NDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Machemer Carb ba	On State Hickory
8. BURIAL, CREMATION, DR REMOVAL QCCO. G., VA	Manner of injury . Alykely by autoristy
Place grulons Cimeling Date and 17, 1934.	Nature of injury Curcle of Check! foundated from
9. UNDERTAKED L. E. Thomas.	24. Was disease or injury in any wey related to occupation of deceased?
(Address) / accomac Va	If so, specify
D. FILED Jan 15 1934 J. May Junes	(Signed) Suryuru M. D.
Registrar.	(Address) / Sulshing Zeed.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

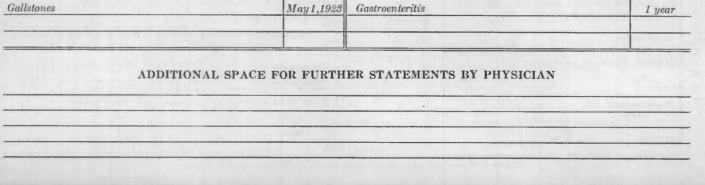
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 wcek ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cercbral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year





OCCUPA

plnods

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done. 10.—The month and year the deceased last worked at the occupation.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example IV Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis REALLY S Run over by street car 1921 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN



V. S. No. 1 N. B.—

STATE OF MARYLAND—	CERTIFICATE OF DEATH 00931
1. PLACE OF DEATH	
County Wecomico	Registration Dist. No.
Village or City Peninsula General Ho	delto occurred in a hospital or institution, a ve its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos.	
2. FULL NAME Cosephine Skeeter	
(a) Residence: No. Arehobrachville Vo.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month), 1934.  (Day)  (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
(or) WIFE of William Hanry Sheater.	January 15, 1934, to January 22, 1934
6. DATE OF BIRTH (month, day, and year) May 9 1889	I last saw hard alive on Jamuary 32 , 1994; death is said
7. AGE Years Months Day's If LESS than I day	to have occurred on the date stated above, atA_M_m.
51 8 15. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were perfollows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc.	acate alces of Makings link
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc.  industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and	
A0. Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) Usagenia	Other Centributary Causes of importance:
E O O O	Name of operation. Date of
(State or country)	What test confirmed diagnosis? Classed Was there an autopsy?
15. MAIDEN NAME Ella McDonald.	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME Cla McDorrald.  16. BIRTHPLACE (city or town). July and 1.	Accident, suicide, or homicide?
State or country)	Where did injory occur?
17. INFORMANT William Plenny Sheeten	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR. REMOVAL -110 74 71	Manner of injury
Place Theen ackerelle Com. Jan -1,1937	Nature of injury.
19. UNDERTAKER J. a. Shields	24. Was disease or injury in any way related to occupation of deceased?
(Address) New Church Va.	if so, specify
20. FILED M. 1997 May Mure	(Signed) M. D.  (Address) Salssbury Mid.
If more blanks are needed, address State Registrar.	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was-done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, unining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset
	1 week ago
Run over by street ear	1 week ago
Peritonitis .	3 days ago
Other contributory causes of importance:  Gastroenteritis	1 year
	Other contributory causes of importance:

eases or injuries. Examples:

e II

nd related causes Date of onset

1 week ago
1 week ago
3 days ago

nportance:

1 year

STATE	OF	MARYLAND-CERTIFICATE	OF	DEATH	-

1:	6.	0	9	1)
U	U	J	0	2

1. PLACE OF DEATH	
County Micomer	Registration Dist. No. 1336
Village or City All (In Care Control City or town where death occurred control City or town where c	No. St., Ward feath occurred in a hospital or institution, give its NAME instead of street and number)  s. ds. How long in U. S. if of foreign birth? yrs. mos. ds.
2. FULL NAME Hattle may Stu (a) Residence: No. Dulman TV 7 10 3	St., Ward.
(Usual plage of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  21. DATE OF DEATH  21. 193 4
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	(Month) (Day) (Year)  22. I HEREBY CERTIFY. That I attended deceased from  1934 to Jan 22 1934
6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Deys  If LESS than  1 day,hrs.	to have occurred on the date stated above, et// F.m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular kind of work done, es SPINNER SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at this occupation (month and	were as follows:  Date of onset  1 1 2 3 5
10. Date deceased last worked at this occupation (month and year)  11. Total time (years) spent in this occupation  12. BIRTHPLACE (city or town) All Market (State or country)	Other Contributor Causes of importance:
13. NAME Olasence Stugio  14. BIRTHPLACE (city or town) Buttanily	
(State or country)	Name of operation Date of What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME MAY STATE  16. BIRTHPLACE (city or town) In Publication  (State or country)  17. INFORMANT Change States  (Address) Learner P + 10	23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
18. BURIAL, CREMATION, OR REMOVAL  Place Date 25, 1934	Manner of injury
19. UNDERTAKER Address) helman, keld	24. Was diseaso or injury In any way related to occupation of deceased?
20. FILED DAY OF THE 934 Harry To Tudos	(Signed) (Address) M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.

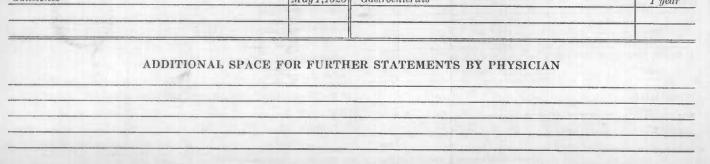
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitiat nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year



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STATE OF MARYLAND-	-CERTIFICATE OF DEATH 00933
1. PLACE OF DEATH	107
County Hicomico	Registration Dist. No. 332
Village or City Pittsville Md.	No. St Ward
	(If death occurred in a hospital or institution, give its NAME instead of street and number)
n. el n wi	nos. / l ds. How long in U.S. if of foraign birth?yrsmosds
2. FULL NAME Martha Jane Lin	mone
(a) Residence: No. 7 attsoule.	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIGOWED.	MEDICAL CERTIFICATE OF DEATH  21. DATE OF DEATH
OR DIVORCED (write the word)	auceaus 6 mc
5a. If married, widowad, or divorced	(Month) (Oay) (Year)
HUSBANO of (or) WIFE of A P	22. HEREBY CERT FY, That I attended deceased from
John H. Simmons	Wee 24 1933, to Jan 6 1935
DATE OF BIRTH (month, day, and year) Nov. 26, 1844	I last saw here alive on Joe 6 1934, death is sal
. AGE Yaars Months Days If LESS than	to have occurred on the data stated above, at 2-30 m.
89 / 1 / 1 day,hr	Meta as follows: Or DEATH and related causes of importance
Trada, profession, or particular kind of work dona, as SPINNER,	Oate of onse
SAWYER, BOOKKEEPER, atc	Jenselis Hucamana /24
work was dona, as SILK MILL, SAW MILL, BANK, etc	/
	***************************************
10. Data deceased last worked at this occupation (month and year)	
2. BIRTHPLACE (city or town) Pittsville	Other Coutributory. Causes of importance:
(Stata or country) Y-1000000 Car Mid	O carrier long
13. NAME Mathaniel Brittingham	Pod and to Agott 6
13. NAME Mathaniel Brittingham 14. BIRTHPLACE (city or town) Pawellville	Name of operation Oate of
(State or country)	
15. MAIDEN NAME MAKE LAURS!	What tast confirmed diagnosis? Was there an autopsy?
15. MAIOEN NAME Mary Laws  16. BIRTHPLACE (city or town) Wango	23. If daath was dua to extarnal causes (VIOLENCE) fill in also the following:  Accidant, suicide, or homicide?
(State or country) A iconico Co., Ma	Whera did injury occur?
7. INFORMANT Mrss. S. H. Farlow	(Specify city or town, county and State) Specify whether injury occurred In INOUSTRY, in HOME, or in PUBLIC PLACE.
(Addrass) Gittsville Md	The state of the s
8. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Forest Trove Oata Jan. 8,, 1934	Nature of injury
9. UNGERTAKER Hm. H. Hells	24. Was disease or Injury in any way related to occupation of decaasad?
(Address) Patrille, Ma,	If so, spacify
10, FILED Jan, 6, 1934 Millian R. Davis	(Signad) Carles on Brown M. E
Joe A Registrar.	(Addrass) Salis Frey lud.
If more blanks are needed, address State Registrati	1, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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  9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I		Example II	
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
	1 1		
Other contributory causes of importance:	4	Other contributory causes of importance:	
Gallstones .	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	RY	PHYSICIAN
TENDETTIONS	OI MUE	LOW	LOWING	STATEMENTS	1) 1	LUISICIAN



STATE OF	MARYLAND—CERTIFICATE OF DEATH
ACE OF DEATH	

Н	00934	
k No	333	

1. PLACE OF DEATH	(8)	0
County McComico	Registration Disk No. 333	3
Village or City Salisbury Maryland	No P.S. Hospital a 13	Wa
	(If death occurred in a hospital or institution, give its NAME instead of street and num	ber)
1. Length of residence in city or town white death occurredyrs,m	osds. How long in U.S. if of foreign birth?yrsmos	
2. FULL NAME Jummons Baty	gul -2 mi	
(a) Residence: No Salishung Md. of	St. 13 Ward.	
(Usual place of above)	If nonresident give city or town and Stat	te
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED, WIDOWED, OR DIVORCE! (write the word)	21. DATE OF DEATH  Jan. 3/ (Month) (Day)	13 4
5e. if merried, widowed, or divorced HUSBAND of		(1691)
(or) WIFE of	22.   HEREBY CERTIFY, That I ettended dece	eesed fro
0 - 21 1221	Jan. 31 ,19 34, 10 Jan 3)	, 19.5
6. DATE OF BIRTH (month, day, and year) June, 31, 1934		eeth is se
7. AGE Years Month Deys If LESS then	to heve occurred on the dete steted above, at	
0 0 or. 30min.	were as follows	ate of one
8. Trade, profession, or perticuler kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	Still - bone	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc.  10. Oete deceesed last worked et this occupation (month and	This infant was stilllown.	
10. Oete decesed last worked et this occupation (month and year)	Civilo	
P.L. 2 has tod,	Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town) (Stete or country)		
w 14	- Jule - Fran	
I 13. NAME MUTANTY		
14. BIRTHPLACE (city or town)	Name of operation Oete of	
(State of County)	What test confirmed diagnosis?	sy!
15. MAIOEN NAME Plellie Mason Jums 16. BIRTHRUJAE (ij) or town).	The state of the s	
O 16. BIRTHRUSAE (cit or town)	Accident, suicide, or homicide? Dete of injury	, 19
2 Millian Major va,	Where did injury occur?	
17. INFORMANTE Concept at P. B. Horgatal	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
(Address) Sality May land.		
18. BURIAL, CRIMATION OF REMOVAL	Manner of injury	
Piace / 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Neture of injury	
19. UNDERTAKER Holloway & Co.	24. Wes disease or injury in eny wey related to occupation of deceased?	
(Address) Salifus Manyland	If so, specify	
20 FUED Hel 4 1034 V. May Jurner	(Signed) Allgertu	M.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

(Address)

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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		Example 11	
The principal cause of death and related causes of importance were as follows	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis BUREAU V. S.	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

7	ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN	Tiled.
under D	2. Dick , 04-17-34	0

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N. B.

should state

STATE OF MARTLAND	CERTIFICATE OF DEATH	130
1. PLACE OF DEATH	108	
County Wicomico	Registration Dist. No. 330	
) JH	O No. St.,  death occurred in a hospital or institution, give its NAME instead of street and numb  ds. How long In U.S. if of foreign birth? yrs. mos.	Ward
Length of residence in city or town where death occurredmos	os. now long in 0,5,11 of foreign birturyrsmos	05.
(a) Residence: No. Mardely Horney (Usual place of above)	a Stad. Ward.  If nonresident give city or town and State	e
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  5a. If married, widowed, or divorced	21. DATE OF DEATH  January (Month) (Oay)  (Oay)	(Year)
HUSBANO of Pev. G. J. Lownsonels	June 2 mg, 1934, to June aug 5 kg	ased from
6. DATE OF BIRTH (month, day, and year) Oct. 14 1859	I last saw h_ev_alive onfue uau_3, 1954; dec	ath is said
7. AGE Years Months Days If LESS than 1 day, hrs.	to have occurred on the date stated above, at_/	ate of onset
Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which	Lobar Presentaria Jo	24.14
work was done, as SILK MILL, SAW MILL, BANK, etc		
this occupation (month and year)  12. BIRTHPLACE (city or town)  (State or country)  13. BIRTHPLACE (city or town)  (State or country)	Other Contributory Causes of Importance: Cerreir acleration	
E 13. NAME John Q. Dennie		
14. BIRTHPLACE (city or town) Eastony (State or country) Maryland	Name of operation Date of What test confirmed diagnosis? Was there an autop:	osy?
15. MAIOEN NAME Therrietta Fre Romans 16. BIRTHPLACE (city or town). Easton	23. If death was due to external causes (VIOLENCE) fill In also the following:  Accident, suicide, or homicide?	., 19
17. INFORMANT Peu. G. J. Lownsend	Where did injury occur?  (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL Place John Wesley Constage Jan. 8, 19.34	Manner of Injury	
19. UNDERTAKER James J. Stewart Suls n. (Address) 402 E. Church St. Suls n.	24. Was disease or injury in any way related to occupation of deceased?	
20. FILE ESI G NHO MI tobulion	(Signed) William Smurell	M. C

CTATE OF MADVI AND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

2	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5, 1927	Date of onset  The principal cause of death and related causes of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5, 1927 Peritonitis  Other contributory causes of importance:

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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or-	ate	·V.	
-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
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LAI	plu	DE	TION is very important. See instructions on back of certificate.
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RIT	ion	USE	Z
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STATE OF MARYLAND—	CERTIFICATE OF DEATH 00936
1. PLACE OF DEATH	<u></u>
county Wie suico.	Registration Dist. No. 333
Village or City Salis June Wil	& NO Design & greened got by
	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?
2. FULL NAME Bala Trul	
(a) Residence: No. Hellians	Marel Ward
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DVORCED (write the word)	21. DATE OF DEATH
5a. If marriad, widowed, or divorced	(Month) (Day) (fear)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY That I attended deceased, from
6. DATE OF BIRTH (month, day, and year) Salar 9 1951	I last saw h alive on 9 19 Th death is said
7. AGE Years Months Days If LESS than	to have occurred on the data stated above, at 10P m.
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importanca wera as follows:
Trade, profession, or particular	Date of onset
kind of work dona, as SPINNER, SAWYER, BDOKKEEPER, etc  9. Industry or business in which	Paratine Buth
work was done, as SILK MILL, SAW MILL, BANK, atc	
1D. Data deceased last worked at this occupation (month and spant in this	
year)occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	
(State or country) Throng pur	
1 00 11 0	
(Stata or country)	Name of operation Date of Was there an autopsyl
15. MAIDEN NAME Renter Hadding	23. If death was due to external causes (VIDLENCE) fill In also the following:
16. BIRTHPLACE (city or town) // / / 2nd	Accident, suicide, or homicide? Date of injury 19
(State or country)	Where did injury occur?
17. INFORMANT Paleis les Smill (Address) Will and Mark	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Mullards, Mg. Date 1-10-3419	Nature of injury
19. UNDERTAKER Valentici Tyru V	24. Was disease or injury in any way related to occupation of decassed?
20. FILED Jan 10 1934 Jo May Junes	If so, specify (Signed)  M. D.
Registrar.	(Address) Alla

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Exa	nple I		Example II	
The principal cause of death and related causes of importance were as follows:			The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	EB G 1934	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis		1921	Run over by street ear	1 week ago
Cerebral hemorrhage	REAL VID.	July 5, 1927	Peritonitis	3 days ago
\$				
Other contributory causes of	importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
		1		

ADDITIONAL SP.	ACE I	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	n ) (3)
County Milomilo	Registration Dist. No. 333
Village or City Saluting Md.	No. 1.5. Hospatul st 12 Ward
(If Length of residence in city or town where neath occurredyrsmos	death occurred in a horpital or institution, give its NAME instead of street and number)
2. FULL NAME tranklin Henry	Juschhoff.
(a) Residence: No. 129 Brang of Sales (Usual place of abode) Sales	LISt, 3 Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OF RACE 5. SIGLE, MARRIED, WIDOWED, OF SIVORCED (write the world)	24. DATE OF DEATH & an, 3/ 193 4
5a. If married, widowad, or divorcad HUSBAND of Colone, M. Juschholl	(Month) (Day) (Year)  22. 1 HEREBY CERTIFY, That I attanded dacassed from
11.000000000000000000000000000000000000	Jan 70 19 ml, to Jan 31, 19 34
6. DATE OF BIRTH (month, day, and yaar) 1000, 22, 1803	l last saw h; death is said
7. AGE Yaars Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, atm.  The PRINCIPAL CAUSE OF DEATH and related causes of Importance ware as follows:
No Trade, profession, or particular kind of work done, as SPINNER, Causeular	Date of onset
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc 9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this convention (morth and).	1/01-11
work was dona, as SILK MILL, SAW MILL, BANK, etc.	Off with Hosein
10. Date deceased last worked at this occupation (month and 7, 1934 spant in this year)	Hent
12. BIRTHPLACE (city or town) appletown	Othar Contributory Causes of Importance:
(State or country)	Mmus / plusto
13. NAME Bernard Turchhoff.  14. BIRTHPLACE (city or town) Typellow	
14. BIRTHPLACE (city or town)	Name of oparation Date of
(State of Country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Eliza Croman  16. BIRTHPLACE (city or yown)	23. If death was due to external causes (VIOL ENCE) fill in also the following:
O 16. BIRTHPLACE (city or town)  (State or country)	Accident, suicide, or homicide? Date of injury, 19
17. INFORMAN Me Edna M. Julehhoff (Addrass) 29 brands 11. Julehhoff	Whare did injury occur?(Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place accord Cen Date Feet. 13, 1939	Natura of injury
19. UNDERTAKER Holloway & to.	24. Was disease or injury in any way related to occupation of dacaasad?
20. FILED Fel. 3, 1934/ S. May Turner, Resistrar.	(Signad) A A Acres M. D.  (Address) Holos for Many M. D.
	1411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
FEB 6 1934			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN	

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MARGIN

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home kousework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Peritonitis July 5.1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gollstones Mou 1.1923 Gastroenteritis 1 year



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	N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	/	
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STATE OF MARYLAND—	CERTIFICATE OF DEATH 00939
1. PLACE OF DEATH	728
County Macinus	Registration Dist. No. 333
Village or City Sullishing	No. 7 Hesperial St., 13 Ward
	death occurred in a hospital or institution, give its NAME (astead of street and number)  ds. How iong in U.S. if of foreign birth?
2. FULL NAME Marthis B. July	
(a) Residence: No. Insucock, Va	St., Ward.
(Usual place of abode)	If nonresident give eity or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write tha word) Colorel OR DIVORCED (write tha word)	21. DATE OF DEATH  (Nonth) (Day) (Year)
5a. If marriad, widowad, or divorcad HUSBAND of	(Month) (Day) (Teer)
(or) WIFE of lescus Liller	22. I HEREBY CERTIFY, That I attended daceasad from
(h) ( 000)	1984, to fam 2/ ,1984
6. DATE OF BIRTH (month, dey, and year) 7. AGE Years Months Days If LESS than	last saw il
7. AGE Years Months' Days If LESS than 1 day,hrs.	to have occurred on the date wated above, at 7
ormin.	ware as follows: Date of onset
8. Treda, profassion, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEPER, akc	acute penersusas
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date decaasad last worked at this occupation (month and	fundali sus
9. Industry or business in which work was done, as SILK MILL, fursurful SAW MILL, BANK, etc	
10. Date decaasad last worked at this occupation (month and year) spant in this occupation from this occupation.	
Duringento	Other Contributory Causes of Importance
12. BIRTHPLACE (city or town) Mullistantian (State or country)	of account summy of
13. NAME Jerse Comme	gumuv
<b>T</b>	No. of a River
4 14. BIRTHPLACE (city or town) (Stata or country)	What tast confirmed diagnosis? Sulfang Was there an autopsy? No.
1 (0	23. If daath was dua to extarnal causes (VIOLENCE) fill in also the following:  Accidant, suicide, or homicida?
O 16. BIRTHPLACE (city or town) Culture Const.	Accidant, suicide, or homicida?
	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
17. INFORMANT Com Sync (Address) Parkers Sur Va	Specify whether injury occurred in industry, in nome, or in public place.
18. BURIAL, CREMATION, OR REMOVAL	Mannar of injury
Place Dete 123,19,34	Nature of Injury
19. UNDERTAKER 18 CON	24. Was disaasa or Injury in any way related to occupation of deceased?
(Addrass)	if so, spacify
20. FILED Jan 22, 37 V. May Junes	(Signed) M. D.
Registrar.  If more blanks are needed, address State Registrar.	(Addrass) January Population 71 S. No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arterioselerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

*	

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County Micgrynigs	Registration Dist. No. 333
Village or City Salisbury	No. 80 / XV. Maire St. 9 Ward
	death occurred in a horpital or institution, give its NAME instead of street and number)  How long in U.S. if of foreign birth?
2. FULL NAME	flace
(a) Residence: No. 404 Evaus St. Saliss	Yest. 13 Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) SILLY	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of	22. 1 HEREBY CERTIFY, That I attended deceased from
020 1024	19 19 19
6. DATE OF BIRTH (month, day, and year) Javy 9, 1937 7. AGE Yaars Months Days if LESS than	1 last saw II; death is said
7. AGE Years Months Days if LESS than f day Features.	to have occurred on the data stated above, atm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance
ormin.	ware as follows:
8. Trada, profession, or particular kind of work dona, as SPINNER,	
SAWYER, BOOKKEEPER, atc.	augh junsigarya
work was dona, as SILK MILL, SAW MILL, BANK, etc	weaks from telled
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc.  Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc.  10. Date decaased last worked at this occupation (month and yaar)  yaar)  Occupation	
Occupation .	Other Contributory Causes of Importanca:
12. BIRTHPLACE (city or town) Augustury (State or country), Augustury	
13. NAME Frankshin Wallace	
13. NAME Frankshin Hallace  14. BIRTHPLACE (city or town)	Name of operation Date of
(State of Country) of the state	What test confirmed diagnosis? Was thare an autopsy?
f5. MAIDEN NAME Delylag Deshield  16. BIRTHPLACE (city or town)  (State or country)	23. If death was dua to external causes (VIOLENCE) fill In also the following:
5 16. BIRTHPLACE (city or town) Laguel	Accidant, suicide, or homicide? Data of injury, f9
State or country)	Where did Injury occur?
67. INFORMANT Sagrah Alemany	(Specify city or town, county and State) Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Specific Cesse Date Jan 53 1934	Nature of injury
19. UNDERTAKER Francisco Hallace action (Address)	24. Was disaase or injury In any way related to occupation of decaasad?
(nulless) fallstring, Mid.	If so, specify A Registration
20. FILED Jan 1. 1934 V. May Junes Registras.	(Signed) L. Mary Summer Forcact) of M. B.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. Nal 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I Example II The principal cause of death and related causes | Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilensy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

BINDIN

FOR

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MARGIN

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arterioselerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPA	CE FOR	FURTHER	STATEMENTS	$\mathbf{BY}$	PHYSICIAN

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STATE OF MA	ARYLAND—	CERTIFICATE OF DEATH 00942
1. PLACE OF DEATH		(159)
County (1) icomico		Registration Dist. No. 333
Village or City Frutlan		No. St., War death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurre	odyrsmos	ds. How long to U.S. If of foreign birth?
2. FULL NAME Child of	- Edith 4	ud Louis Williams
(a) Residence: No. Fruttal	rd '	St., 6 Ward.
PERSONAL AND STATISTICAL PA	Iplace of abode)	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
	, MARRIED, WIDOWED,	21. DATE OF DEATH
male a. a B OR DIV	ORCED (write the word)	(Month) (Day) (Yeaf)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of		22. I HEREBY CERTIFY, That t attanded deceased from
none		June 18, 1934, 10 June 18, 193)
6. DATE OF BIRTH (month, day, and year)	13, 1934	I last saw line alivo on the last saw line and saw line a
7. AGE Years Months Day	If LESS than	to have occurred on the date stated above, at
	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8 Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	A-10 0 1	Presenting Junts
< 9. Industry or business In which	<i>x</i> 700	
work was done, as SILK MtLL, SAW MILL, BANK, atc.	me-	
10. Oate deceased last worked at this occupation (month and year)	Totel time (years) spant in this occupation	
12. BIRTHPLACE (city or town) Fruttan	1.	Othar Contributory Causes of Importance:
(State or country)	land	
13. NAME Louis Will	ains	
13. NAME LOUIS WILL 14. BIRTHPLACE (city or town) Trull	and	Name of operation
(State or country) Mary	land	What test confirmed diagnosis? Was there an autopsy?
15. MAIOEN NAME Edith Ro	ck	23. If death was due to externat causes (VIOLENCE) fill In also the following:
15. MAIOEN NAME Edith Ro	and	Accident, suicide, or homicide? Date of injury19
(State or country) mary	land	Where did injury occur?
17. INFORMANT Louis Williams (Address) Fruilland	ma.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	19 21	Manner of injury
Place Julianic, Mybate	an // 1997	Natura of injury
19. UNDERTAKER James F. Stewa (Address) 402 E. Church S	rt & Sulio, Md.	24. Was disease or injury in any way related to occupation of deceased?
20. FILEO fan 19 19 34 V.M.	ay Turner Registrar.	(Signed) M. (Address) M.
If more blanks are no	eded, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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	1			

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